

Sheridan

Student Services - Health Centre

Sheridan College Institute of
Technology and Advanced Learning

1430 Trafalgar Road

Oakville, Ontario

Canada L6H 2L1

Tel: 905-845-9430, ext. 2550

Fax: 905-815-4012

www.sheridaninstitute.ca

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION

I hereby authorize Sheridan College Health Centre, Trafalgar Campus to release the following information

_____ (description of information to be enclosed)

to _____ (name and address of person/agency requesting information)

from the records of _____ (name of patient) _____ (date of birth)

_____ (address of patient)

Concerning treatment _____ (dates of contact/hospitalization)

I understand that this information is to be used by the recipient for the purpose of

Date _____ Name _____ (print)

_____ (Signature of Witness)

_____ (Signature of Patient/or person authorized to consent for patient)

_____ (Relationship to Patient)

***NOTE:** This authorization must contain the original signatures of:

- the patient; there is no age threshold for giving consent;
- the parent or legal guardian, or advocate, if the patient is not capable, this person must be a minimum of 16 years of age; or the legal representative if the patient is deceased or has been certified mentally incompetent; and
- the witness to the patient's signature.