



# RAPID ACCESS TO MEDICAL SPECIALISTS

110-21 Queensway West, Mississauga, ON L5B1B6 | Tel: (905) 897-0788

## RELEASE OF MEDICAL RECORDS

*For use by patient over the age of 18 only*

SECTION-A: Patient Information			
Last Name:		Date of birth:	
First Name:		Health Card #:	
E-mail:		Version Code:	
Cell:		Phone:	

SECTION-B: Recipient Information	
Recipient Name:	
Recipient Mailing Address:	

SECTION-C: Medical Records		
Check all that apply	<b>Type of medical record requested:</b>	<b>Specify time period from which you are requesting medical records:</b>
	Investigation Report(s)	Start Date:
	Record of patient visit	
	Consultation report	End date:
	All of the above	

<b>If you are requesting for records from a specific physician visit, specify Physician Name:</b>	<b>Dr.</b>
---	------------

<b>Administrative &amp; Processing Fees:</b> \$30.00 for pages 1-20 \$0.25 for each additional page  <b>Note:</b> Payment must be made at the time of form submission. Fees are non-refundable.	<b>Method of payment:</b> MAIL-IN: Certified cheque or money order Please make certified cheque or money order to: 1345000 Ontario Inc.
---	--

### Declaration:

- I (above named patient) understand the purpose for disclosing this personal health information to the person noted above. I understand signing this form is voluntary.
- I (patient) hereby waive any and all claims against the said Family Practice, its doctors, employees, and agents for all purposes whatsoever in connection with the said communication and disclosure of information in the said record.
- Submission of this form with one of the above mentioned payment method constitutes as authorization for transfer of the above information. Incomplete forms will be discarded without notice.
- I understand that a written notice is necessary to cancel this request. I have read, understood and agree to the above.

Once form is filled, PRINT the form, SIGN and submit as indicated below:

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For mail-in use only:

Notary Signature: \_\_\_\_\_

Notary Name & Seal: \_\_\_\_\_

<b>How to submit this form:</b> Patient can submit this in 1 of 2 ways: → <b>ID requirements:</b> 2-pieces of valid ID	<b>In-person dropoff Hours:</b> 9AM-3PM Monday -Friday (excl. Holidays)	<b>Processing time:</b> 2-4 weeks for medical records that are less than 3 years old. 4-10 weeks or longer for medical records older than 3 years.
	<b>Mail completed form to:</b> Attn to: <u>Medical Records Department</u> Suite 110-21 Queensway West, Mississauga, ON L5B 1B6	