



BURLINGTON MEDICAL CENTRE (MEDCARE CLINICS)

2025 Guelph Line, Unit 183 • Burlington, Ontario • L7P 4M8, Canada

Phone: (905) 681 7755 • Fax: (905) 681 0810

Email: burlington@medcareclinics.com • Web: www.medcareclinics.com

Request to Release Patient Health Information to MedCare Clinics

PATIENT INFORMATION	
Name: _____	Date of Birth: _____
Address: _____	Apt. #: _____
City: _____	Province: _____
Postal Code: _____	Telephone #: _____
Health Card #: _____	

PERMISSION TO SHARE: I give my permission to share my protected health information:	
FROM:	TO:
Name: _____	MedCare Clinics @ Burlington Medical Centre
Address: _____	2025 Guelph Line – Unit 183
_____	Burlington, Ontario – L7P 4M8, Canada
Telephone #: _____	Tel #: 905-681-7755 Fax #: 905-681-0810
Fax #: _____	Email: burlington@medcareclinics.com
	Send By:
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Patient Pick-up <input type="checkbox"/> E-Mail

INFORMATION REQUESTED TO BE RELEASED	
<input type="checkbox"/> All Medical Record	<input type="checkbox"/> Pathology Reports
<input type="checkbox"/> Operative Reports	<input type="checkbox"/> X-Ray/Lab/MRI/CT Scan Reports
<input type="checkbox"/> Other (please specify below): _____	

DISCLAIMER	
<p>I understand that my records are confidential and cannot be disclosed without my written authorization, except when otherwise permitted by law. I consent to MedCare Clinics @ Burlington Medical Centre, including its staff and providers, to obtain my health information. I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon the authorization. MedCare Clinics @ Burlington Medical Centre keeps all personal and health information strictly confidential and secure. No medical or health information will be provided over the phone. MedCare Clinics @ Burlington Medical Centre will not disclose any personal or health information to any third party (without prior consent). I acknowledge that I will be responsible for any associated fees to obtaining my medical records. I acknowledge that I have read and fully understand this form, disclaimers and policies, including data breach of personal information. By signing this document, I understand that I agree to waive any and all claims that I have or may have in the future against the MedCare Clinics @ Burlington Medical Centre its directors, affiliates, owners/operators, employees, physicians (collectively the "releasees"). I agree to release the Releasees from any and all liability for any loss, damage or injury that my next of kin or I may suffer as a result of the improper release of medical information, malpractice, including negligence, breach of contract, privacy breach, data breach or breach of any statutory or other duty of care.</p>	
Date: _____	Signature: _____
Date: _____	Signature of parent/guardian: _____