



RAPID ACCESS TO MEDICAL SPECIALISTS

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

**For use by Medical
Records Manager
ONLY**

RELEASE OF MEDICAL RECORDS (SPECIAL CASES)

For use by: parent whose child (under 18) is under their custody by court order, legal guardian of child (under 18)

**NOTE: BEFORE YOU FILL THIS FORM, VISIT OUR CLINIC TO MEET WITH
MEDICAL RECORDS MANAGER BETWEEN 9AM-3PM MONDAY - FRIDAY TO DISCUSS REQUIRED DOCUMENTATION.**

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

SECTION-B: Custody parent/Legal Guardian	
Last Name:	
First Name:	
Cell:	

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

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

If you are requesting for records from a specific physician visit, specify Physician Name:	Dr.
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Administrative & Processing Fees: \$30.00 for pages 1-20 \$0.25 for each additional page	ID & Documentation requirements: Determined on a case-by-case basis	Method of payment: IN-PERSON: Cash, Certified cheque, or money order Payment must be made at the time of form submission. Fees are non-refundable.
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Processing time: 2-4 weeks - Medical records that are less than 3 years old. 4-10 weeks or longer - Medical records older than 3 years.	In-person drop off Hours: 9AM-3PM Monday -Friday (excl. Holidays)
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Declaration:

- I (custody parent/legal guardian) understand the purpose for disclosing this personal health information to the person noted above. I understand signing this form is voluntary.
- I (custody parent/legal guardian) 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 not be accepted or processed.
- I declare that all information and supporting documentation provided are accurate and up-to-date.
- I understand that a written notice are required to cancel this request. I have read, understood and agree to the above.

Custody parent/Legal Guardian Signature: _____

Date: