



RAPID ACCESS TO MEDICAL SPECIALISTS

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

RELEASE OF MEDICAL RECORDS (UNDER THE AGE OF 18)

For use by parents whose child (patient) is under the age of 18

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

SECTION-B: Parent Information			
Parent-1		Parent-2	
Last Name:		Last Name:	
First Name:		First Name:	
Cell:		Cell:	

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

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

- I (parent #1 & parent #2) understand the purpose for disclosing this personal health information to the person noted above. I understand signing this form is voluntary.
- I (parent #1 & parent #2) 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 understand that a written notice from both parents are required 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:

Parent #1 Signature: _____

Parent #2 Signature: _____

Date:

Date:

In-person drop off Hours: 9AM-3PM Monday -Friday (excl. Holidays)	ID requirements: 2-pieces of ID per parent 2-pieces of ID for child	Processing time: 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.
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