



RELEASE / OBTAIN MEDICAL INFORMATION / CONSENT

Chart Number: _____	
Patient Name: _____	Partner Name: _____
DOB: _____	DOB: _____
Phone Number: _____	Phone Number: _____
Address: _____	Address: _____
City: _____	City: _____
Province: _____ Postal Code _____	Province: _____ Postal Code _____
I hereby authorize the Regional Fertility Program to: <input type="checkbox"/> release to: <input type="checkbox"/> obtain from:	
Delivery by: <input type="checkbox"/> Canada Post Mail <input type="checkbox"/> pick up from clinic <input type="checkbox"/> fax to/from:	
For the purpose of: <input type="checkbox"/> ongoing care <input type="checkbox"/> personal <input type="checkbox"/> legal / ins. <input type="checkbox"/> other	
The following information is to be: <input type="checkbox"/> released <input type="checkbox"/> obtained:	
<input type="checkbox"/> entire record <input type="checkbox"/> specific documents (specify)	
The Alberta Medical Association suggests a fee for the transfer of medical records at the request of a patient. The fee is dependent on the services provided. If a fee is applicable you will be informed. The College of Physicians and Surgeons of Alberta guidelines state that this process must be completed within 30 days. Medical records are generally kept for 10 years only. Original records will not be sent but will be photocopied at a patient's request. All release / obtain information consents require a third party witness signature.	
Patient Name (print): _____	Signature: _____
Partner Name (print): _____	Signature: _____
Witness Name (print): _____	Signature: _____
Date: _____	



PRE-AUTHORIZED CREDIT CARD FORM FOR REQUEST FOR CHART COPIES

I, the undersigned hereby authorize the Regional Fertility Program through its Banker, to debit my VISA/MC/AmEx by paper or electronic entry, at the bank or financial institution indicated on my VISA/MC/AmEx, for the purpose of obtaining a copy of my patient records. The proposed fee is a \$25.00 administration fee and 25¢/page.

Date

Chart #

 VISA/ MC/ AmEx (*Please check one and print number above*)

Expiry Date
(MM/YY)

Authorization Code
(CVC)

Signature as signed on Credit Card

Print name as shown on Credit Card

Please check this box if you would like to be notified of the amount your credit card is being debited prior to processing.