RELEASE / OBTAIN MEDICAL INFORMATION / CONSENT

Chart Number: _____

Patient Name: _____
DOB: _____
Phone Number: _____
Address: _____
City: _____
Province: _____ Postal Code _____

Partner Name: _____
DOB: _____
Phone Number: _____
Address: _____
City: _____
Province: _____ Postal Code _____

I hereby authorize the Regional Fertility Program to: [ ] release to: [ ] obtain from:

Delivery by: [ ] Canada Post Mail [ ] secure email [ ] pick up from clinic [ ] fax to/from:

For the purpose of: [ ] ongoing care [ ] personal [ ] legal / ins. [ ] other

The following information is to be: [ ] released [ ] obtained:

[ ] entire record [ ] specific documents (specify)

Requests for delivery by secure email require a current Electronic Communications Consent on file. 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: _____

REGIONAL FERTILITY PROGRAM

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.