



## AUTHORIZATION FOR RELEASE OF HEALTH RECORDS (Tri-Campus)

Patient Name:		Date of Birth (YYYY/MM/DD):	
Student Number:	Tel. Number:	Email	

Please specify the campus health centre you are requesting records from: (check all that apply)

- ☐ UTM Health & Counselling Centre
- ☐ UTSC Health & Wellness Centre
- ☐ UTSG Health & Wellness Centre

Name of Recipient:	
Address	Telephone Number:
Email:	Fax Number:

Please specify which records are required for release: (select all that apply)

- ☐ Mental Health records (including clinical notes from psychiatrist, counsellor, mental health nurse, and family doctor)
- ☐ Physical Health records (including clinical notes from family doctor, nurse, and dietician)
- ☐ Immunization records only
- ☐ Lab test results (please specify dates/types of test): \_\_\_\_\_
- ☐ Complete chart
- ☐ Other (forms, prescription history, etc.): \_\_\_\_\_

Dates of Requested Records (YYYY/MM/DD): From \_\_\_\_\_ To \_\_\_\_\_

If a health centre needs to contact you regarding this request, the preferred method of communication is:

- ☐ By telephone to the number listed above      ☐ By email to the email address listed above      ☐ Other: \_\_\_\_\_

I understand the purpose for disclosing this personal health information.

I understand this authorization may be withdrawn at any time.

There is a \$30 charge associated with the transfer of records. Please allow 2 weeks for this transfer to be complete.

This authorization for release is valid **6 months** from the date of the request.

**I acknowledge and understand that the University is not responsible for the security of my records after it has been released.**

Patient Signature
Print Name:
Date (YYYY/MM/DD):

For Mississauga campus Health & Counselling, email form to [health.utm@utoronto.ca](mailto:health.utm@utoronto.ca) or fax (905) 828-3852

For Scarborough campus Health & Wellness, email form to [health.utsc@utoronto.ca](mailto:health.utsc@utoronto.ca) or fax (416) 287-7069

For St George campus Health & Wellness, email form to [medicalrecords.hwc@utoronto.ca](mailto:medicalrecords.hwc@utoronto.ca) or fax (416) 971-2089