

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION

I give Everywoman's Health Centre consent to obtain and/or release information regarding my care to another medical facility in the event that they feel it is in my best interest.

I hereby release Everywoman's Health Centre, its employees, and agents, from any and all claims whatsoever which may arise as a result of this exchange of my medical information.

I will contact Everywoman's Health Centre if I have any unexpected hospitalizations within the next 30 days.

Everywoman's Health Centre respects and upholds an individual's right to privacy and the protection of his or her personal information. Everywoman's Health Centre is committed to ensuring compliance with the provincially legislated Personal Information Protection Act- Bill 38. Please refer to our website at www.ewhc.ca to view our privacy policy.

To view Bill 38 go to www.legis.gov.bc.ca