AUTHORIZATION TO DISCUSS HEALTH INFORMATION WITH FAMILY MEMBERS

Many of our patients wish to allow family members such as their spouse, significant other, parents, children etc. to call and discuss medical procedures.

Under the requirements for PHIPA we are not allowed to give this information to anyone without the patients' consent. If you wish to have your medical information discussed with any family members you must sign this form.

I authorize MMI to discuss my health records and any information requested by the following individuals.

1._____ Relation to Patient: _____

2. _____Relation to Patient: _____

3._____Relation to Patient: _____

_____ _____

Patient Name (PLEASE PRINT) Date

_____

Patient Signature

Please fax completed form along with completed Patient Complaint Form to: 365-447-0053 (If outside of Niagara Region include a 1 prior to number)