



**CHILDREN'S & WOMEN'S HEALTH CENTRE OF BRITISH COLUMBIA**

AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

**Authorization for Release of Information**

Chart Number \_\_\_\_\_  
Number \_\_\_\_\_

I, \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of competent patient, parent or legal guardian starting with area code

Hereby authorize you to release the following information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To: \_\_\_\_\_  
Name of authorized recipient

Of: \_\_\_\_\_  
Mailing address including postal code of authorized recipient

From the Children's & Women's health record of:

\_\_\_\_\_ Birthdate \_\_\_\_\_  
Surname and given name(s) of patient YYYY/MM/DD  
Care Card number (PHN) \_\_\_\_\_

This consent refers only to health records compiled during the hospitalizations/visits for the period of:

\_\_\_\_\_ TO \_\_\_\_\_  
Initial Date (YYYY/MM/DD) End Date (YYYY/MM/DD)

I consent to the use of this information by the authorized recipient for the purpose of: \_\_\_\_\_  
\_\_\_\_\_

I hereby release Children's & Women's, its employees and agents, from any and all claims whatsoever which may arise as a result of the release of the above information.

Dated this \_\_\_\_\_ day of \_\_\_\_\_  
MM/DD YYYY

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of patient (12 years and over)

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of legal guardian/custodian

\_\_\_\_\_  
Address of Witness

\_\_\_\_\_  
Relationship to patient

**THIS AUTHORIZATION MUST BE DATED WITHIN SIX (6) MONTHS OF THE SUBMISSION DATE TO THE HOSPITAL. Please send to:**

BC Children's Hospital  
Records Management, FOI/ROI Desk  
4480 Oak Street  
Vancouver, B.C. V6H 3V4  
Phone: (604) 875-3450  
Fax: (604) 875-2292

or

BC Women's Hospital & Health Centre  
Records Management, FOI/ROI Desk  
4500 Oak Street  
Vancouver, B.C. V6H 3N1  
Phone: (604) 875-2915  
Fax: (604) 875-2662

or

Sunny Hill Health Centre for Children  
Records Management, FOI/ROI Desk  
3644 Slocan Street  
Vancouver, B.C. V5M 3E8  
Phone: (604) 453-8350  
Fax: (604) 453-8305