UNIVERSITY HEALTH SERVICES
Student and Enrolment Services
MacEwan Student Centre, Room 370
Telephone: (403) 210-9355 / Fax (403) 282-5218
ucalgary.ca/wellness-services

EXTERNAL RELEASE OF MEDICAL RECORDS HELD AT UNIVERSITY HEALTH SERVICES

Patient's Name (PLEASE PRINT): _____

Address: _____

Health Care Number: _____ Province: _____

Date of Birth: _____ Phone (H): _____

Phone (W): _____

In accordance with the guidelines set out by the College of Physicians and Surgeons of Alberta, as well as the Health Information Act, University Health Services will be charging a fee for the transfer of complete medical record or a significant portion thereof. As a professional courtesy we would be quite happy to transfer specific information such as a laboratory test or a consultation report. If transfer of a complete medical record or a significant portion thereof is required then there will be a charge of $25.00 plus .25/page for charts in excess of 25 pages. The College has indicated that the responsibility for this fee is that of the requesting physician or patient.
I understand that there may be a charge for this service and that I may be responsible for it.

CONSENT TO RELEASE

I authorize Dr./Mr./Ms _____ at University Health Services to release my medical records to:

- Dr./Mr./Ms. _____at _____clinic _____
- Myself or my authorized representative for the purpose of _____ _____

_____ _____ _____
Patient's Signature Date Witness

I acknowledge that I have been made aware of the reasons for the disclosure of the above information, and the risks and benefits associated with consenting to its release.

I understand that I may revoke at any time, by providing a signed, written statement to that effect.