



**REQUEST FOR RELEASE OF MEDICAL RECORDS TO UNIVERSITY HEALTH SERVICES**

To: \_\_\_\_\_ Re: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Fax: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 \_\_\_\_\_ Health Care Number: \_\_\_\_\_

Please release the medical records of \_\_\_\_\_  
 to Dr. \_\_\_\_\_, University of Calgary Health Services. We are specifically requesting the following information:

• Chart Summary _____	• Operative Reports _____
• Consultation Reports _____	• X-Ray Reports _____
• Hospital Discharge Summary _____	• Other _____
• Lab Reports _____	

Sincerely,

\_\_\_\_\_  
 Physician, University Health Services

**CONSENT TO RELEASE**

I, \_\_\_\_\_, hereby authorize release of my medical records to Dr. \_\_\_\_\_ for the purposes of \_\_\_\_\_.

I understand that this is an uninsured service not covered by my medical insurance plan. I realize that there may be a charge for this service and that I am responsible for it. The Alberta Medical Association's Guide to Direct Billing for Uninsured Services (1998) suggests a fee for the transfer of medical records at the request of the patient and that the fee is independent upon the situation. Please contact me concerning the fee prior to copying my records. Thank you.

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 my consent at any time, by providing a signed, written statement to that effect.

\_\_\_\_\_  
 Patient's signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness