

Meadowlands Family Health Center

16 - 888 Meadowlands Drive East
Ottawa, Ontario K2C 3R2
(613) 228-2882 FAX:228-2856

Barry Dworkin*, B.Sc., MDCM, CCFP, FCFP
Stuart Kurtz* B.Sc., MDCM, CCFP
Sen Mei Lim, MD, CCFP
Sara Gunnink, MD, CCFP
Sjaan Gerth*, B.Sc., MD, CCFP
Paul Fluit* MD, CCFP
Shamim Taherzadeh*, MD, CCFP

Joanne Tannenbaum MDCM, CCFP
Anthony LoFaro, B.Sc., MD, CCFP
Minjeong Eom*, MD, CCFP
Christiana Yao, MD, CCFP, FCFP
Alisha Campbell, MD, CCFP
Maia Lawson MD, CCFP
Jillian Bardsley, MD, CCFP

Access to Medical Information Consent

Patient Information:

Patient Name: _____ Date of Birth: _____
Last First Middle

Street Address: _____

City: _____ Province: _____ Postal Code: _____ Telephone: _____

Agrees to give Permission to:

Name: _____ Relationship to Patient: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____ Telephone: _____

Access the Patient

Medical

Chart to:

Discuss via Telephone

In Person

Pick Up Results/Requisitions

Unless otherwise revoked, this Authorization will not expire. This Authorization may be revoked at any time. However, the revocation will not apply to uses or disclosures occurring prior to our receipt of your revocation request. In order to revoke the Authorization the individual/parent/legal guardian must submit a revocation request in writing to the address below.

I, the undersigned, hereby authorize Meadowlands Family Health Center to use and/or disclose information from my medical record as specified above.

Signature of Patient: _____ Date: _____

Please verify that all sections are completed in full.