VICTORIA EAST MEDICAL CLINIC

2068 Prince of Wales Drive Regina, SK S4V 3A6
• Phone: 306-789-4677 • Fax: 306-789-3422 • vemcregina.com •

G. M. Chin, M.D., C.C.F.P.*
D. Cutts, B.A., M.D., C.C.F.P., F.C.F.P.*
E. Hui, B.Sc., M.D., C.C.F.P.*
M. Dash, B.Sc., M.D., C.C.F.P, Dip. Sports Med.*
M. Alibhai, B. Med.Sci., B.M.B.S., C.C.F.P.*
S. McLaughlin, B.Sc., M.D., C.C.F.P.*
*Denotes Medical Prof. Corp.

A. Houmphan, M.D., C.C.F.P.
T. Fitch, M.D., C.C.F.P.
C. Young, B.Sc., M.D., C.C.F.P.*
M. McCollam, M.D., C.C.F.P., F.C.F.P.
A. Fong, M.D., C.C.F.P.

Authorization for Release of Medical Information to a Family Member, Friend or Designated Legal Representative.

It is the responsibility of **Victoria East Medical Clinic** to ensure that information regarding patients remains confidential. This means that information regarding your medical condition, billing and insurance issues or any other protected health information as identified under HIPA, cannot be released to other people, not even family members, unless you authorize, in writing, the person(s) to whom you want that information released.
We realize that there are times when you, the patient, may want other person to be knowledgeable about your medical condition or act on your behalf about billing or insurance issues. You can, if you so desire, name a person(s) to whom you want the office staff to speak with about your medical condition, or other issues. To do this you must complete the form listed below. *Please note the authorization is valid until you cancel it in writing.*

Authorization:

I, _____, Date of Birth _____,

designate the following person(s) to be able to speak with Staff/Doctor at Victoria East Medical Clinic in regards to my medical information. I release Victoria East Medical Clinic and its staff from any claim of confidentiality in connection with release of this information.

Name of designated person: _____

Relationship: _____ Phone #_____

Name of designated person: _____

Relationship: _____ Phone #_____

Patient's Signature: _____ Date_____

Witness: _____ Signature: _____