

Consent for Release of Medical Information

A complaint has been made to the College of Physicians and Surgeons of Ontario (the CPSO) regarding a physician or physicians' interactions with a patient on behalf of whom you hold the capacity to consent to the release of personal health information.

As a part of its investigation, the CPSO will need to obtain the relevant personal health information of the patient including their medical records from physicians who treated them and/or from facilities at which they were treated.

In any particular case relevant personal health information may include a range of the patient's records. This range extends from the record of the date of treatment complained of to the totality of records of treatment by the physician complained about.

The CPSO has a duty of confidentiality with respect to all information obtained in the course of its investigation. However, you should be aware that the CPSO may share some or all of the personal health information with the physician or physicians who are the subjects of the complaint. If either you or the physician appeals the College's decision, medical information and other information collected during the investigation must be disclosed to the Health Professionals Review and Appeal Board, which is a public forum.

I, consent to the release of the personal health information of:

Name Date of birth

for whom I am the substitute decision-maker), to the CPSO by the following physicians and facilities:

Physician or facility	
Address	
Physician or facility	
Address	

I understand the purpose for which this consent is given.

I understand that I can withdraw or limit my consent at any time by providing written notice to the CPSO.

I understand that I can refuse to sign this consent form. However, I understand that the Inquiries, Complaints and Reports Committee of the CSPO may proceed in the absence of patient consent

I sign this consent by the authority given me as insert legal status eg. Estate Trustee with or without a will, next-of-kin etc.

Dated this day of , year

Witness

Signature of Substitute Decision Maker

Print full name