

## 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 you.

As a part of its investigation, the CPSO will need to obtain your relevant personal health information including your medical records from physicians who treated you and/or from facilities at which you were treated. In any particular case relevant personal health information may include a range of records. This range extends from the record of the date of treatment complained of to the totality of my records of treatment by the physician whom I have 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 your 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, , date of birth

consent to the release of my personal health information to the CPSO by the following physicians and facilities:

<b>Physician or facility</b>	
Address	
<b>Physician or facility</b>	
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.

Dated this  day of , year:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Patient's Name