Ministry of Health

Ontario

Form 14

Mental Health Act

Consent to the Disclosure, Transmittal or Examination of a Clinical Record under Subsection 35(3) of the Act

Clear Form

I, _____
(print full name of person)

of _____
(address)

hereby consent to the disclosure or transmittal to or the examination by _____
(print name)

of the clinical record compiled in _____
(name of psychiatric facility)

in respect of _____ .
(name of patient) (date of birth, where available)

_____ _____
(witness) (signature)

_____
(if other than the patient, state relationship to the patient)

Date _____
(day / month / year)

Print button

(Disponible en version française)