

Form 14 Mental Health Act

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

l,	
(print full name of perso	on)
of	
(address)	
hereby consent to the disclosure or transmittal to or the examina	tion by
	(print name)
of the clinical record compiled in	
	(name of psychiatric facility)
in respect of	
(name of patient) (date of bi	irth, where available)
(witness)	(signature)
	(if other than the patient, state relationship to the patient)
Date	
(day / month / year)	

(Disponible en version française)