



# Community Care Clinic

#203-8706 Franklin Avenue, Fort McMurray, Alberta, T9H 2J6

P: 780-715-1314 F: 780-715-1700

## RELEASE OF INFORMATION TEMPLATE

### Patient Information

Name: \_\_\_\_\_  
Alberta Health Care Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Emergency Contact Phone Number: \_\_\_\_\_

I, the above named patient, have sought the care of physician named below:

### Physician Information

Physician Name: \_\_\_\_\_  
Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Please release the following personal health information to the above named physician:

(Be specific. A \$25.00 fee applies if the entire chart must be printed.)

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Patient Signature: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Witness' Signature: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 20\_\_