

# Rocky Medical Clinic

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## CONSENT FOR DISCLOSURE OF HEALTH INFORMATION

I, \_\_\_\_\_ (DOB: \_\_\_\_\_),

give consent for the Rocky Medical Clinic to disclose:

\_\_\_\_\_  
(Identify nature of health information)

to \_\_\_\_\_  
(Indicate how information will be used/disclosed)

Is this an ongoing consent (until specifically revoked)?    YES    NO

I understand that this is an uninsured service not covered by my medical insurance plan. ***I understand that there may be a charge for this service, and that I am responsible.*** The Alberta Medical Association's Guide to Direct Billing for Uninsured Services (2013) suggests a fee for the transfer of medical records at the request of the patient, and that the fee is dependent upon the situation.

I understand that I may revoke my consent at any time, by providing a signed, written statement to that effect.

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

Date: \_\_\_\_\_