

Health Services
The Michener Institute of Education at UHN
Authorization for Release of Information

I hereby authorize: _____
Name of facility or health professional releasing information

to release the following information: _____
Description of information to be released

to **The Health Nurse at the Michener Institute or Education at UHN** _____
Name and address of person / agency requesting information

from the records of _____
Name of patient Date of birth

Address of patient

I understand that this information is to be used by the recipient for the purpose of
Accommodation Services _____

Patient's Signature _____ Date: _____

Freedom of Information and Protection of Privacy Act, 1988 (FIPPA)
Personal Health Information Protection Act, 2004 (PHIPA)
The information on this form is collected under the legal authority of the Colleges and University Act, P.S.O. 1980, C272, sS; Regulated Health Professions Act, 1991, s36(1) for use by Health Services Staff. This information is used for administrative purposes.