



Medical Records Release Form

I _____
(Patient Name, incl. Maiden Name if applicable – First, Last) _____ (Date of Birth – dd/mm/yyyy)

(Street Address) _____ (City, Province, Postal Code)

(Telephone #'s) _____ (Health Card #)

Hereby authorize:

(Name of former Physician) _____ (Name of Health Care Facility)

(Street address) _____ (City, Province, Postal Code)

(Telephone #) _____ (Fax #)

To release my medical records to:

(Name of new Physician) _____ (Name of Health Care Facility)

(Street address) _____ (City, Province, Postal Code)

(Telephone #) _____ (Fax #)

I authorize release of my medical records in accordance with the specifications listed above.

I understand written notice is necessary to cancel this request.

I understand there is an administrative fee of \$45.00 to cover the costs of compiling, copying, couriering, and archiving the charts. We do our best to process all chart transfer requests as expeditiously as possible. Please note that in 2007, Appletree implemented our electronic medical record system. Paper records dating from before 2007 are securely archived off-site and take longer to access. We thank you in advance for your assistance.

Please check ONE box:

- I only want the records available via Appletree EMR—*Electronic Medical Records* (30-day approximate turnaround time)
- I want ALL my records, including paper records (60-day approximate turnaround time)

If no boxes are checked, we will process your request in 60 days. By default, only Appletree EMR records will be released. If you wish only EMR records, subsequent requests for paper records are processed as new requests.

Signature: _____ **Date:** _____

If signed by person(s) other than the noted patient above, state the relationship and authorization to do so:

Patient is: Minor Incompetent Disabled Deceased Other: _____

For Office Use Only: Iron Mountain EMR Chart On Site Paper Chart Archives