



TRIAL LAWYERS SINCE 1877

**BEAMENT
HEBERT
NICHOLSON
LLP**

OTTAWA PERSONAL INJURY LAWYERS

Personal Injury Law Experts

The Dispute Resolution Law Firm

979 Wellington St. West
Ottawa, Ontario
Canada K1Y 2X7

Tel: 613-241-3400

Fax: 613-241-8555

Derek Nicholson

Cellular: 613-277-7201

e-mail: dnicholson@beament.com

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION

I hereby authorize _____
(name of facility releasing information)

to release the following information: a complete copy of my file including all clinical notes and records, reports, test results, raw data to:

**Beament Hebert Nicholson,
979 Wellington Street W.
Ottawa, Ontario, K1Y 2N7,**

from the records of

(name of patient)

(date of birth)

(address of patient)

concerning treatment since I became your patient.

I understand that this information is to be used by the recipient for the purpose of civil litigation.

Date: _____

Expiry Date of Authorization: N/A

Signed by: _____

Relationship if signed by other than patient

Signature of Witness: _____

Note: 1. This authorization must contain the original signature of:

(a) the patient; or

the parent or legal guardian, if the patient is under 16* years of age and unmarried; or

the legal representative if the patient is deceased or has been certified mentally incompetent; and

(b) the witness to the patient's signature.

2. This authorization may be rescinded or amended in writing at any time prior to the expiration date, except where action has been taken in reliance on the authorization.

(a) In accordance with the Mental Health Act for Ontario only Form 14 is acceptable for release of Psychiatric data.

* Required by Regulation 127-89 of the Public Hospitals Act.