



Discover What Moves You.

Release of Information & Patient Consent Form

To: Eastern Prosthetic Clinic (the "Health Care Provider")

From: _____ (the "Client")

Statement of Consent for the Release of Information

I, the undersigned, GIVE CONSENT to the Health Care Provider, to assess and begin my treatment. If treatment has already begun, I give consent for treatment to continue as necessary.

I, HEREBY ACKNOWLEDGE AND AGREE, that the Health Care Provider must collect certain personal information and /or records in order to provide certain prosthetic services and that it shall retain this information on file, and accordingly, I consent to the collection and use of relevant personal information.

The Health Care Provider shall use the information provided solely for the provision of prosthetic treatment, and all personal information and/or records provided shall be handled in accordance with the Health Care Provider's obligations at law pursuant to the *Personal Information Protection and Electronic Documents Act* (updated August 2004) and in accordance with Health Care Provider's Privacy Policy.

The Health Care Provider shall retain on file a copy of the Release of Information and Consent Form, along with other relevant personal information.

I, ALSO HERBY CONSENT to the disclosure of my personal information and/or records, namely clinical, medical or technical information, by the Health Care Provider to related third party professionals, namely physicians, funding agencies, manufacturers, with regard to my treatment and/or prosthetic limb.

The Health Care Provider shall not disclose my personal information and/or records without my consent, except where required or permitted to do so by law.

A complete copy of the Health Care Provider's Privacy Policy is available upon request.

Signature of Patient/Guardian x _____

Dated this _____ day of _____, 201__.

Signature of Witness _____

Name of Witness (please print) _____