



Student Wellness Centre
 McMaster University
 PGCLL 210/201
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 Hamilton, ON L8S 4K1

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 🌐 https://wellness.mcmaster.ca

RELEASE OF MEDICAL AND COUNSELLOR RECORDS

The transfer of records (entire chart) is considered an uninsured service. There is a \$30.00 fee for the service. Please allow two weeks for the transfer to be complete.

Patient name: _____ Student number: _____

Date of birth (YYYY-MM-DD): _____ Phone number: _____

Mailing address: _____

<input type="checkbox"/> Release my <i>MEDICAL (PHYSICIAN/NURSE)</i> records from the Student Wellness Centre to:	
Name: _____ Fax: _____ Address: _____ _____	<input type="checkbox"/> Entire chart <input type="checkbox"/> Other: _____ _____ _____

<input type="checkbox"/> Release my <i>COUNSELLOR</i> records from the Student Wellness Centre to:	
Name: _____ Fax: _____ Address: _____ _____	<input type="checkbox"/> Entire chart <input type="checkbox"/> Other: _____ _____ _____

Prior to releasing counselling records, you may be required to meet with a counsellor to discuss/review your file. For counsellor and patient to complete together:

I examined my records on _____(date), with _____(counsellor)
 in attendance to answer my questions. Patient signature: _____.

By signing this form, I understand that with only a few exceptions, I have the right to see my clinical record and to request copies of information in my record. Exceptions include the reasonable possibility of serious physical harm to me or someone else, and confidential information in the record about a person other than myself. If I believe that information in my record is not accurate, I may make a written request to correct the record. If the Student Wellness Centre does not agree with the correction I request, I may file a notice of disagreement into my record. I acknowledge and understand that the Student Wellness Centre is not responsible for the security of my records after it has been released.

Patient signature: _____

Witness signature: _____

Date (YYYY-MM-DD): _____