



Release of Medical and Counselling Records

*The transfer of clinical/medical records (complete chart) is considered an uninsured service.
There is a \$30.00 fee for this service.
Please allow 2 weeks for this transfer to be complete.*

Please fill out the following information and check off the boxes to indicate which documents you want to be released.

Name: _____ Date of Birth (ddmmyy): _____

Student Number: _____ Phone Number: _____

Address: _____
(Street) (City) (Postal Code)

Release my PHYSICIAN/NURSING RECORDS from the Student Wellness Centre to:

Name: _____

Fax/Address: _____

Detail of most recent complete history and physical examination with relevant lab results

Complete chart

Other: _____

Release my COUNSELLOR RECORDS from the Student Wellness Centre to:

Name: _____

Fax/Address: _____

Complete chart

Other: _____

Counsellor & Client will fill out this section - Prior to releasing Counselling Records, you may be required to meet with a counsellor to discuss/review your file.

I examined my records on _____ (date),

with _____ (counsellor) in

attendance to answer my questions. INITIALS:

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.

(signature)

(witness)

(date)