



Paul Raftis, Chief

Toronto Paramedic Services  
4330 Dufferin St.  
Toronto, ON. M3H 5R9

Tel: 416-392-2222  
Fax: 416-392-2039

## Authorization to Disclose Personal Information

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Name of Requestor: \_\_\_\_\_  
(if different than patient)

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Location of the Incident/Accident: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of the Incident/Accident: \_\_\_\_\_

I \_\_\_\_\_ print your name here hereby authorize the City of Toronto, Toronto Paramedic Services to disclose personal information regarding \_\_\_\_\_ print patient name here to the following individual(s)/organization(s):

*List name and address of person/agency information being disclosed to:*

\_\_\_\_\_

\_\_\_\_\_

I authorize Toronto Paramedic Services to release the following information:

*List the personal information to be disclosed:*

\_\_\_\_\_

\_\_\_\_\_

**Note:** This authorization must contain the original signature of the patient; 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.

Please send this completed and signed document to: \_\_\_\_\_ Toronto Paramedic Services, Professional Standards  
4330 Dufferin Street  
ems-psu@toronto.ca or Toronto, ON M3H 5R9

\_\_\_\_\_  
*Name (please print)*

\_\_\_\_\_  
*Witness Name (please print)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
*Relationship if signed by other than Patient (eg. legal guardian, power of attorney, estate trustee, etc.)(please print)*

\_\_\_\_\_  
*Date*