

Bikram Chawla, A/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:	(if different than patient)
Email Address:	(ii different tian patient)
Home Address:	Location of the Incident/Accident:
Phone	Date of the Incident/Accident:
personal information r	hereby authorize the City of Toronto, Toronto Paramedic Services to disclose garding
I authorize Toronto Pa	amedic Services to release the following information:
List the personal information	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)* 

Signature

Witness Name (please print)

Witness Signature

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

Date

Information collected, used and/or disclosed by the City of Toronto, Toronto Paramedic Services is governed by the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act, 2004. Questions regarding the Toronto Paramedic Services Information Practices can be addressed to: Commander, Professional Standards, Toronto Paramedic Services, 4330 Dufferin Street, Toronto, ON - M3H 5R9 -416-392-2222 or via e-mail: ems-psu@toronto.ca