

Authorization to Disclose Personal Information

Requestor Information

First Name		Last Name	
Street Number	Street Name		Suite/Unit Number
City/Town		Province	Postal Code
Telephone Number		Email	

Patient Information

First Name	Last Name
Date of Birth (yyyy-mm-dd)	Date (yyyy-mm-dd) & Time (hh:mm) of the Incident
Location of the Incident	

Disclosure Requested

I hereby authorize the City of Toronto, Toronto Paramedic Services to disclose
Print Requestor's Name (First, Last) here

personal information regarding to the following individual(s)/organization(s):
Print Patient Name (First, Last) here

List name and address (if address is different from requestor) of person/agency for which the information is being disclosed to:

I authorize Toronto Paramedic Services to release the following information (please check all that apply):

<input type="checkbox"/> Ambulance Call Report	<input type="checkbox"/> Audio Recordings
<input type="checkbox"/> Incident Summary Report	<input type="checkbox"/> Statutory Declaration

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. If signed by other than Patient (e.g., legal guardian, power of attorney, estate trustee, etc.) Please include supporting documentation of authorization.

Please send this completed and signed document and supporting documentation, if applicable, to Toronto Paramedic Services, Professional Standards, 4330 Dufferin Street, Toronto, ON M3H 5R9 **OR** via email to paramedics@toronto.ca. Please note that in choosing to submit the request by email you are acknowledging that this is not a secure method of transmission.

Name (First, Last - please print)

Signature	Date (yyyy-mm-dd)
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Witness Signature

Witness Name (First, Last - please print)	
Witness Signature	Date (yyyy-mm-dd)

The information collected, used and/or disclosed by the City of Toronto, Toronto Paramedic Services, in connection with this form is collected, utilized, and disclosed as may be required to process your Authorization to Disclose Personal Information, and in accordance with the Toronto Paramedic Services' Information Practices. Copies of the Toronto Paramedic Services' Information Practices are available at Toronto Paramedic Services – Complaints & Compliments – City of Toronto. Questions regarding Toronto Paramedic Services' Information Practices can be addressed to: Commander, Privacy and Clinical Information at Toronto Paramedic Services, 4330 Dufferin Street, Toronto, ON M3H 5R9 or by telephone at 437-212-2547.