

Consent to Release of Medical Records to Third Parties

Completion of forms or transfer of records requires a patient's valid and documented written consent in 2 places: (1) on the form provided by the third party and (2) on this form.

Requests will typically be completed within 30 business days of receipt of the request in writing. None of the services described in this consent are covered by the Medical Service Plan (MSP). Fees, as recommended by the Doctors of BC, will apply. Non-insured services include completion of forms, provision of test results, printing, mailing or electronic transmission of documents. The fee list is available online; a printed list is available on request. A free estimate of the costs for complex record review can be provided. At our discretion, we may reduce or waive these fees.

We cannot conceal or withhold relevant information except as allowed by legislation. These exceptions are limited. At your request (in writing) and when permitted by law, we will withhold or redact such information. Evidence of redaction (e.g., black line over text) may not be concealable and may be visible to the recipient of the records. The redaction of every instance of such information from all the documents may be challenging, time consuming and may render the final report unsatisfactory to the third party. It is the responsibility of the requestor to determine if redaction of information or limited release of documentation will meet the requirements of the third party. Notation that information has been redacted or withheld will be made in the report without disclosing of the content of the redacted information.

The requestor is best positioned to understand the scope, purpose, and likely consequences of disclosure of such information to the third party. It is the responsibility of the requestor to contact the third party if they have questions or concerns in this regard. The requestor should seek legal advice if they have concerns regarding the legal implications of disclosure of this information. We would be pleased to review any documentation you provide or discuss the potential implications to the best of our ability with you.

Content of Medical Records

You should understand the content of the records that you have requested to be released.

The College of Physicians and Surgeons of BC (CPSBC) recognizes and requires communication between physicians for the purpose of providing care to a patient. Patient consent for transfer of records between registrants of the CPSBC or other health-care providers within their circle of care is deemed to be implicit and does not require written consent. The CPSBC requires physicians to collect and document multiple types of information in the medical record. Documentation required for surgical care will be similar to that required for an Internist in a community-based office setting (<https://www.cpsbc.ca/files/pdf/PPEP-AS-Medical-Record-Internal-Medicine.pdf>).

The content of our medical records may include, but is not limited to, the following data sources and information types.

Data Sources:

- Information that you or your designate provide.

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- Information provided by or available from health care providers (e.g., physicians, nurses, physiotherapists, counsellors), health care facilities (public and private), and non-traditional/alternative care providers (e.g., acupuncturists, homeopaths, naturopaths).
- Information from multiple patients may be in records when the consultation involves two or more individuals (e.g., infertility, neonatal/pediatric, or genetic assessments).
- Information in your records has been obtained by communication including verbal, written and electronic means. Photographs and email correspondence may be present.

Data Types:

- Contact information including physical addresses, phone numbers and email addresses.
- History, physical exam findings, past medical history, past surgical history, allergies, medications, and personal/social history (e.g., marital status, occupation, alcohol use, smoking history, illicit drug use).
- Investigations including results from laboratory testing, imaging, operative reports, and pathology. Some of these investigations may have been ordered by other health care providers.
- Consultation notes and operative report will typically include information from all these data sources and data types.

On request, we would be pleased to review your medical record with you or provide a copy for your review. If you have concerns regarding the validity or accuracy of the record, we would be pleased to address these concerns with you. We are required to document any alterations to your record. We will change any information which we agree is inaccurate and where that information is clinically meaningful; this will be done at no charge if we are responsible for the error. If we disagree with a request for an alteration to the record, the CPSPC requires us to document your request and the reasons that the request has been declined.

The physician to whom you have made this request adheres to the College of Physicians and Surgeons of BC Medical Practice Standard pertaining to Certificates and Other Third-party Reports, Medical Records Management and Medical Records Documentation. Your information is subject to the Personal Information Protection Act (PIPA) which provides privacy protections.

Visit www.metrovanurology.com/appointments and review the section on 'Forms, Copies of Reports & Non-Insured Services' for a fee schedule.

Visit <https://www.cpsbc.ca/registrants/standards-guidelines> for College of Physicians and Surgeons of BC guidelines.

Visit https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/03063_01 to review the Personal Information Protection Act (PIPA).

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I request and authorize the release of my health care information to the following person(s) or third party:

Name: _____

Relationship (e.g., son, parent, friend, physician, company etc.) _____

This request for authorization applies to (check one):

<input type="checkbox"/>	All health care information in records. Standard charges will apply.
<input type="checkbox"/>	Health care information related to the following treatment, condition, or dates (be specific). Standard plus additional charges will apply.
<input type="checkbox"/>	Other (be specific). Standard plus additional charges will apply.

I, the undersigned, have read and understand the information above and consent to release of my medical records to the third party that I have specified.

- I understand the content of my medical record.
- I understand the scope, purpose, and consequences of the release of my records.
- I understand that the authorization to release my records is valid for this one instance and that a new authorization will be necessary for any future requests.
- I understand my right to review the content of my medical record or receive a copy of those records and have requested to do so if I believe it is necessary.
- I understand that this service is not covered by the Medical Services Plan and fees will apply.

I do not require any further discussion with my physician or review of my records beyond that which has already occurred as of the date noted below.

Name of Patient (Printed)

PHN

X _____
Signature

Date (DD/MM/YYYY)