

# Consent for Disclosure of Health Information

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Health Care ID (MSP#): \_\_\_\_\_

## I. Information about the Use or Disclosure

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary and that I may revoke it at any time by submitting my revocation in writing to the entity providing the information.

Doctor/organizations authorized to **provide** the information: \_\_\_\_\_

Doctor authorized to **receive** the information: Dr. Rolf Maijer Fax: 1-855-266-0505

Specific description of information to be used or disclosed:

Any and all previous sleep studies, consult notes and diagnostic records

---

## II. Important Information about Your Rights

I have read and understood the following statements about my rights:

- I may revoke this authorization at any time prior to its expiration date by notifying the providing organization in writing, but the revocation will not have any effect on any actions the entity took before it received the revocation.
- I may see and copy the information described on this form if I ask for it.
- I am not required to sign this form to receive my health care benefits (enrollment, treatment, or payment).
- The information that is used or disclosed pursuant to this authorization may be re-disclosed by the receiving entity. I have the right to see assurances from the above-named persons and/or organizations authorized to receive the information that they will not re-disclose the information to any other party without my further authorization.

## III. Signature of Individual or Individual's Representative

\_\_\_\_\_  
*Signature of Individual or Individual's Representative*

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

\_\_\_\_\_  
*Printed Name of the Individual or Individual's Representative*

\_\_\_\_\_  
*Relationship to the Individual*

Dr. Rolf Maijer  
318 Goldstream Ave, Victoria, BC, V9B2W3  
P: (250) 800-2552 ▪ F: (855)266-0505