

Form 21 MENTAL HEALTH ACT Section 42(3)

## CONSENT TO DISCLOSURE, TRANSMITTAL OR EXAMINATION OF A PATIENT RECORD

## INSTRUCTIONS

	completed by the pati		sent is valid for	a period of	one year.		
·	m must be provided to						
	ecutive Officer, Whiteho	orse General I	Hospital; and				
physician							
IN THE MATT	ER OF the Menta	l Health Act	t				
AND IN THE	MATTED OF						
AND IN THE	O IN THE MATTER OFName of p						<u> </u>
l,	Name of pati	ont		_ of		Place of residence	
	Name of pan	ent				Flace of residence	
hereby conser	nt to the disclosure	or transmi	ttal to or the	examinat	tion by		
<b>,</b>					,		
Name of person requesting disclosure					_ of the patient records com	piled in	
IX	iaine of person requesting t	usciosure					
						, in respect of	myself.
		Ho	spital				,
DATED of				) ——		SIGNATURE OF PATIENT	
DAIED at						SIGNATURE OF PATIENT	
this da	ıy of						
	mor	nth	year	\		PRINTED NAME OF PATIENT	
				/			