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## **AUTHORIZATION & CONSENT FOR RELEASE OF PATIENT INFORMATION**

Patient Name \_\_\_\_\_  
Care Card # \_\_\_\_\_  
Birthdate \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone # \_\_\_\_\_  
Claim No.: \_\_\_\_\_

I, \_\_\_\_\_, in respect to my WorkSafe BC / ICBC Claim  
injury date \_\_\_\_\_, authorize the release of the following information:

- ✓ Current clinical records and reports
- ✓ Past clinical records (related to current claim)

I understand that the release of this information is to be used for my WorkSafe BC / ICBC Claim.

I consent to the release of information to:

- ✓ WorkSafe BC/ICBC
- ✓ Physician

Patient's Signature \_\_\_\_\_ Date: \_\_\_\_\_

*.....experience life!.....*