Grey Bruce Public Health

Request for Release of Immunization Record for Individuals 18 Years of Age and Older

Under the *Personal Health Information Protection* Act, Grey Bruce Public Health requires a patient's consent before disclosing personal health information to their healthcare provider. Adults who are not covered under the *Immunization of School Pupils* Act (ISPA) or the *Child Care and Early Years Act* (CCEYA) must complete this consent for their information to be released.

Please complete this form and send it to the Vaccine Preventable Diseases team at 519-376-7782 or immunization@publichealthgreybruce.on.ca when requesting an immunization record for these individuals.

Date: _____

Healthcare Provider Office: _____

Name of Individual Requesting the Immunization Record: _____

Patient's Name: _____

Patient's DOB: _____

Consent:

I, _____ (patient name), authorize Grey Bruce Public Health to release my immunization record to _____ (healthcare provider name) for the purpose of providing or assisting in providing health care.

Patient's/Substitute Decision Maker's signature: _____

OR

I, _____ (healthcare provider name), confirm that _____ (patient name) has provided verbal consent for the release of their immunization record to _____ (healthcare provider name) for the purpose of providing or assisting in providing health care.

HCP signature: _____