Mackenzie Health

Mackenzie Richmond Hill Hospital
10 Trench Street, Richmond Hill ON L4C 4Z3
905-883-1212

Cortellucci Vaughan Hospital
3200 Major Mackenzie Drive West, Vaughan ON L6A 4Z3
905-417-2000

RELEASE OF PERSONAL HEALTH INFORMATION TO PERSONAL REPRESENTATIVE

I/We, _____ [**Name of family member(s)**] am/are the _____ [**Relationship e.g. mother/father, sister, brother**] of _____ [**Name of the deceased**] **("the deceased")**. I/We have assumed responsibility for administering the deceased's estate. I am/We are not aware of any estate trustee(s) or other individual(s) who have responsibility for the administration of the deceased's estate.

[ ] As the person representative of the deceased's estate, I am/We are requesting access to his/her medical record.

[ ] I/We give our consent to the disclosure of the deceased's personal health information, as follows:

_____.

Personal Representative(s):

_____

_____

Signature(s):

_____

_____

Date: _____