

# Release of Clinical Record Information

For individual

I, \_\_\_\_\_

(tenant's full name and date of birth)

having received services at \_\_\_\_\_

(hospital or agency)

\_\_\_\_\_ (address)

hereby consent to the release of clinical, medical and other necessary information to: *The Champion's Centre Management*, during a period not to exceed 60 days from the date of this document.

For Second Party

I, \_\_\_\_\_, on behalf of

(legal representative)

\_\_\_\_\_ (tenant's full name and date of birth)

having received services at \_\_\_\_\_

(hospital or agency)

\_\_\_\_\_ (address)

hereby consent to the release of clinical, medical and other necessary information to: *The Champion's Centre Management*, during a period not to exceed 60 days from the date of this document.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of

\_\_\_\_\_. A.D. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness & Professional Status

\_\_\_\_\_  
Relationship, if applicable

\_\_\_\_\_  
Address