



## Authorization for Release of PharmaNet Patient Record

I, \_\_\_\_\_  
*Last Name*                      *First Name*                      *Middle Name*

\_\_\_\_\_                      \_\_\_\_\_  
*Date of Birth*                      *Personal Health Number (required\*)*

hereby authorize the College of Pharmacists of British Columbia to release my PharmaNet Patient Record:

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
*Date*    *Date*

**To: Lawyer's Name** \_\_\_\_\_  
**Company's Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_  
**Telephone** \_\_\_\_\_  
**Fax** \_\_\_\_\_  
**File #** \_\_\_\_\_

If authorization is given other than by client, proof of guardianship or appointment as representative must be given.

\_\_\_\_\_  
*Client's Signature (14 years of age or older)*                      *Date*

\_\_\_\_\_  
*Witness' Signature*    *Date*

Witness Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_

\*If client does not have a BC Personal Health Number, please contact the College of Pharmacists of BC for information on alternative documentation.