



RELEASE OF BRIGADE PATIENT CARE RECORD

To: Provincial/Territorial Commissioner
c/o Provincial/Territorial Council
Address

Re: _____
(name of patient)

(date of birth)

(patient's phone number)

(date of incident)

(place of incident)

(name of event)

I do hereby authorize and direct you to release to

_____ copies of all
(name of person/agent/representative to whom Patient Care Record will be released)

documents in your possession pertaining to my treatment on the above date, including the
Patient Care Records. I further release the _____ Council of the Order of
(Province/Territory)
St. John, its employees, members and agents from all actions, causes of action and claims
for damages, however arising which may be sustained by me as a result of the delivery of
any documents in your possession concerning me, including Patient Care Records.

Dated at _____ this _____ day of _____, _____.

(Witness's signature)

(Patient's signature)

(Witness's name - please print)

(Patient's name - please print)

(Patient's address)