



1000 – 1661 Portage Avenue  
Winnipeg, MB R3J 3T7  
Tel: (204) 774-4344 Fax: (204) 774-0750  
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[www.cpsm.mb.ca](http://www.cpsm.mb.ca)

## **AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

I am aware that The College of Physicians and Surgeons of Manitoba (CPSM) is reviewing concerns about the care provided to me and that CPSM is collecting my personal health information for the purpose of its review.

You are hereby authorized to furnish and release to CPSM, or its representative, any and all information which it requests for the purpose of its review relative to my health, including my mental, physical or other condition, my health history, any prescriptions or any other treatment provided to me and the results of any diagnostic procedures.

I am aware that this authorization may be used by CPSM to:

- Request and receive such personal health information as physician office records/charts, hospital records/charts, prescribing information, and billing records.
- Photocopy and distribute this information as necessary for the review of my care in accordance with CPSM's complaints process.
- I am also aware the physician I am complaining about will have access to my medical records to review the information that is needed to respond to my concerns.

This authorization shall continue until revoked by me, in writing. A photostatic copy of this authorization shall serve in its stead.

Signed by me in the City/Town of \_\_\_\_\_, in the Province of Manitoba.

DATE \_\_\_\_\_ 202 .

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
PATIENT PLEASE PRINT NAME

Patient PHIN # (9 digits): \_\_\_\_\_

Patient MB Health No. (6 digits): \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Please Return the Requested Information to:

Complaints/Investigation Department  
College of Physicians and Surgeons of Manitoba  
1000 – 1661 Portage Ave.  
Winnipeg, Manitoba  
R3J 3T7