



Halifax Naturopathic Health Centre

Patient Information Release Form

Patient Name _____

DOB _____ Health Card # _____

Requesting Labs from - Doctor / NP Name _____

OR Clinic Name _____

Dr / NP / Clinic Phone _____

Documents / Materials to be released to:

- Dr. Rosalyn Hayman, ND
- Dr. Sarah Baillie, ND

- Dr. Ellen Conte, ND
- Dr. Nadia Tymoshenko, ND

Blood work date (add date/range) _____

Other _____

I, _____, authorize the release of this information to the above named party.

_____ Patient Signature

_____ Authorizing Signature (if patient is under age 18)

NOTICE OF CONFIDENTIALITY: The document(s) accompanying this fax contain(s) confidential information which is legally privileged. The information is intended only for the use of the intended recipient/ institution named above. If you are not the intended recipient you are hereby notified that any reading, disclose, copying, distribution or taking of any action in reliance on the contents of the telecopied information except in direct delivery to the intended recipient names above is strictly prohibited. If you have received this fax in error, please notify us immediately by the above phone number to arrange proper disposal of the original documents.
2585 Beech St. Halifax, NS B3L 2X9 ph: 902-407-0808 fx: 902-407-0809