



*Kelz*

#140-2410 Dewdney Avenue, Regina, SK S4R 1H6  
Phone: 306.352.KELZ (5359) Fax: 306.359.MEDZ (6339)  
E-Mail: info@kelz.ca Website: www.kelz.ca

## REQUEST FOR RELEASE OF INFORMATION TO KELZ

This form has been designed to ensure that confidentiality is a respected right, and to make provisions for the exchange of relevant information between service workers.

Therefore, I,

\_\_\_\_\_ hereby request that my:

Patient's Name

Physician's statement and/or prescription

Confirmation of membership

Confirmation of diagnosis

Other \_\_\_\_\_

be released from \_\_\_\_\_

and forwarded to Kelz (Fax: 306-359-6339)

This consent is valid for one time only, and additional releases of information will require my consent. The person/organization to whom my information is being released is prohibited from further sharing without my written authorization.

PATIENT'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

MEMBERSHIP # (if applicable): \_\_\_\_\_

DATE: \_\_\_\_\_