MANITOBA DENTAL ASSOCIATION
202-1735 Corydon Ave. Winnipeg, MB R3N 0K4
T: 204.988.5300 F: 204.988.5310 www.manitobadentist.ca

CONSENT TO RELEASE HEALTH INFORMATION FORM

Applicant name (please print): _____

Provincial Health Card Number: _____

Health Practitioner Name: _____

Health Practitioner Address: _____
Number Street City Province Postal Code

Health Practitioner Contact Number: _____

To whom it may concern:

The Manitoba Dental Association (Association) is the organization authorized by statute to register and license dental assistants and dentists in the Province of Manitoba. Our enabling legislation is *The Dental Association Act*.

I have applied to the Association for registration, renewal or a change in my registration status. In order to allow or continue the practice of dentistry in Manitoba, the Association will need additional information in connection with my application. I have agreed to co-operate with the Association to assist it in determining my ability to provide dental services in the Province.

I consent to the release at my expense of any and all information, reports, records and documents pertaining to my health and your treatment of me to the Association.

I consent to the release of any copies information, reports, records and documents pertaining to my health and the treatment of me by other health care practitioners in your possession or control to the Association.

I irrevocably direct and authorize you to send copies at my expense of any and all information, reports, records and documents pertaining to my health and treatment to the Association.

Please send my personal health information to the Association. **Attention Registrar: Confidential.**

I authorize you to speak with the Association directly should you or the Association find it necessary to clarify or obtain further information in respect of these matters.

I have read and understand the nature and extent of the access that I have authorized with this *Release*. I have been advised by the Association to obtain legal advice prior to executing this *Release*. I have had sufficient opportunity to obtain legal advice and have done so to the degree I feel is appropriate.

With my signature, I consent to the terms of this *Release*.

_____ _____
Applicant Signature Date signed (DD/MM/YYYY)