



Patient Enrolment and Consent to Release Personal Health Information

Please PRINT using black or blue ballpoint pen.

Collection of the information on this form is under the authority of the Ministry of Health Act, subsection 6(1) and (2) and the Health Insurance Act, R.S.C. 1990, c. H.6, s.4(2)(b) and (f), 4.1(1) and (2), 10 and 11(1). For information about collection practices, contact the Director, Registration and Claims Branch, Box 48, 49 Place d'Armes, Kingston ON K7L 5J3. INFOline tel. 1 888 218-9929 or by mail through the addresses listed for local Ministry of Health and Long-Term Care offices.

Section 1 - I want to enrol myself with the family doctor identified in Section 4

Form for Section 1: Patient enrolment with family doctor. Includes fields for Last Name, First Name, Second Name, Health Number, Mailing Address, Residence Address, and contact preferences.

Section 2 - I want to enrol my child(ren) under 16 and/or dependent adult(s) with the family doctor identified in Section 4

Form for Section 2: Enrolment of child or dependent adult. Includes fields for Last Name, First Name, Second Name, Health Number, Mailing Address, Residence Address, and relationship to the patient.

Form for Section 2 (continued): Enrolment of child or dependent adult. Includes fields for Last Name, First Name, Second Name, Health Number, Mailing Address, Residence Address, and relationship to the patient.

Section 3 - Signature and Section 4 - Family doctor information

Section 3: Signature section. Includes a consent statement, signing options (myself, child, dependent adult), name, signature, date, and telephone numbers.

Section 4: Family doctor information. Includes fields for Family Doctor's Signature and Date.