

SECTION 7 – Interpreter (*only complete as needed)***If applicable:***

As the interpreter, I have done my best to accurately translate this form for the person referred above, and will not divulge any information learned during this review:

Interpreter Name:

Interpreter Signature:

Date (DD/MM/YY):

SECTION 8 – Authorization Information

This Consent for Access to Disclosure will be valid for ninety (90) days as of the date of signature. This authorization may be withdrawn at any time by written notification to Cleveland Clinic Canada but is not retroactive to information released before consent is withdrawn. Personal health information will only be disclosed for visits up until the date of signing. We are required to respond within thirty (30) days upon receipt of the complete request. Records will be held for a maximum of ninety (90) days from when you are notified of completion. If they are re-requested, appropriate fees will be applied. Information collected on this form will be used to facilitate the access request process, inform program evaluation and training in accordance with PHIPA. Should you have any questions regarding the information collection practices or processes, please contact healthinformation@ccf.org or 416-507-6784.