Yukon
Health and Social Services

Form 21
MENTAL HEALTH ACT
Section 42(3)

CONSENT TO DISCLOSURE, TRANSMITTAL OR EXAMINATION OF A PATIENT RECORD

I N S T R U C T I O N S

This form is to be completed by the patient. This consent is valid for a period of one year.

Copies of this form must be provided to the:

- ☐ Chief Executive Officer, Whitehorse General Hospital; and
- ☐ physician.

IN THE MATTER OF the *Mental Health Act*

AND IN THE MATTER OF _____.
Name of patient

I, _____ of _____
Name of patient — Place of residence

hereby consent to the disclosure or transmittal to or the examination by

_____ of the patient records compiled in
Name of person requesting disclosure

_____, in respect of myself.
Hospital

DATED at _____,

this_____ day of_____ , _____.
month — year

_____
SIGNATURE OF PATIENT

_____
PRINTED NAME OF PATIENT