



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ hereby authorize any medical practitioner, other person or institution to release to the Vancouver Island Health Authority any information/records concerning myself as relevant to my application for appointment to the Medical Staff of the Vancouver Island Health Authority.

This authorization includes, but is not limited to, evidence of current membership in CMPA or in an organization with professional liability insurance in the category appropriate to my practice as medical staff.

I understand that this information will be used for the purposes of processing my application for appointment to the Medical Staff as noted above.

It is understood that the anonymity and confidentiality of my information will be maintained and will not be released, except for the above purposes, to another third party without my consent, or as required by law.

Signature of Applicant

Signature of Witness

Date

Date

If you have questions or concerns about the information you may contact:
Island Health Privacy Office, Information Access and Privacy: 1.877.748.2290 (privacy@viha.ca) or
Ms. Panmoli Sivananthan, Manager, Credentialing, Privileging & Medical Staff Governance, Medical & Academic Affairs, Island Health: 250-370-8111 local 13799 (Panmoli.Sivananthan@viha.ca)