



**Thames Valley Midwives**  
869 Dundas Street London ON N5W 2Z7  
Phone 519-433-5855 Fax 519-455-4659  
email: [info@tvm.on.ca](mailto:info@tvm.on.ca) website: <http://tvm.on.ca>

## MEDICAL RECORDS RELEASE

Date:

To:

Fax:

RE:

I hereby give consent to the medical records department of the above-named institution to release the medical record(s) indicated below to the Thames Valley Midwives.

Witness:

Signature:

\_\_\_\_\_

\_\_\_\_\_

Records Requested:

- Lab reports
- Ultrasound reports
- Consult reports
- EFTS/NIPT/Genetic screening reports
- Most recent cervical screening test results
- Other: Pertaining to pregnancy

Thank you!

## CLIENT CONSENT FOR COLLECTION AND USE OF PERSONAL HEALTH INFORMATION

I consent, in accordance with Ontario's PHIPA, to the collection, use, and disclosure of my personal health information by Thames Valley Midwives for care, surveys, teaching, and event notifications. I understand I may withdraw consent in writing at any time. I consent to Thames Valley Midwives using my email address for communication.

- Yes
- No