Consent to access and disclose information relating to my health status

To be completed by the patient and returned to us as soon as possible. I, the undersigned, _____ _____, residing and domiciled at [Name of the patient] grant and [Address of the patient] or one of her/his/their authorize _____ [Name of the attending physician. Refer to page previous page] designated agents or delegates, to disclose and transmit to Dr. Pierre Brassard or one of his designated agents or delegates any information relating to my state of health, including but not limited to any notes, any results, or any medical information necessary to provide me with health care, including steps to prepare for and follow-ups related to the surgery that I will undergo or in order to establish a treatment plan. I also authorize Dr. Pierre Brassard and each of his designated agents or delegates to communicate and interact with my attending physician _____ [Name of the attending physician. Refer to previous page] regarding my state of health, where this is necessary to provide me with health care, including but not limited to steps to prepare for my surgery and follow-ups related to my surgery, or in order to establish a treatment plan. I confirm that I have the capacity to provide this consent. I have carefully read this consent agreement before signing it and declare that I fully understand it. In witness whereof, I have signed on the _____ day of the month of _____, 20____. [Print name] [Signature]