

Nature Doctors

Naturopathic Family Medicine Inc.

7-1200 Waverley St.

Winnipeg, MB, R3T 0P4

phone: (204) 943-6079 fax: (204) 489-3128

Release of Information Form

I hereby authorize that confidential information about myself, and any relevant aspects of my assessment and/or treatment may be exchanged between:

Dr. MaryAnne Hembroff ND

Dr. Jason Bachewich ND

Dr. Dara Morden ND

Dr. Cory Storm ND

Dr. Melanie Leppelmann ND

Dr. Lori Mae Janzen ND

Dr. Erin Wiebe ND

Dr. Janice Fyfe ND

Dr. Aminder Singh ND

Dr: _____ Clinic: _____

Dr. Phone#: _____ Dr. Fax#: _____

Patient Name: _____ D.O.B _____

PHIN#: _____ MHSC#: _____

I understand that all information involved will be kept confidential from persons not authorized above.

I also understand that this authorization will remain valid for periods of six months or until I specifically withdraw my authorization by written request.

Signed: _____
(Patient)

Signed: _____
(Doctor)

Date: _____

Requesting: _____