

Dr. P. Kyle Mulligan Dr. David C Probizanski
Ella Besserer, CCPA



The Doctors at Oak
100-1260 Golf Links Rd
Thunder Bay Ontario, P7B 0A1
807-344-0105

Consent to Communicate Information to an Authorized Person

This form allows you to name a person (such as your spouse, partner, other family member or friend) to communicate on your behalf with the doctor and clinic staff (“the office”) pertaining to certain aspects of your medical care.

I, _____ hereby give my consent for an agent to act on my behalf with regards to certain aspects of my care.

Agents name: _____

Address: _____

City: _____ Province: _____

Phone Number: _____

Relationship to Patient: _____

1) I authorize thgis person to receive phone messages or letters from the office on my behalf.

Yes (initial) _____ No (initial) _____

2) I authorize this person to book/cancel/change appointments with the office on my behalf.

Yes (initial) _____ No (initial) _____

3) I authorize this person to receive text results on my behalf, including, but not limited to, lab and diagnostic results, as well as discuss or receive prescriptions.

Yes (initial) _____ No (initial) _____

I understand that I have the right to revoke the access of my agent (as above) to my medical care at any time.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____