

**AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION**

I, \_\_\_\_\_, HEREBY AUTHORIZE \_\_\_\_\_  
TO RELEASE THE FOLLOWING INFORMATION:

*All medical information relating to me.*

TO ME, OR TO:

**HANSON WIRSIG MATHEOS**, #210 - 15225 - 104th Avenue, Surrey, BC, V3R 6Y8.

OR

**VARTY & COMPANY**, 900-555 Burrard Street, Vancouver, BC, V7X 1M8

FROM THE RECORDS OF \_\_\_\_\_, BORN \_\_\_\_\_

AND PRESENTLY RESIDING AT \_\_\_\_\_.

I CONSENT TO THE USE OF THIS INFORMATION BY THE AUTHORIZED RECIPIENT ONLY FOR THE PURPOSES OF *pursuing a claim for damages arising from the sinking of the BC Ferry, "Queen of the North"*.

I HEREBY RELEASE THE HEALTH CARE FACILITY AUTHORIZED TO RELEASE INFORMATION AS NAMED ABOVE, ITS EMPLOYEES AND AGENTS, FROM ANY AND ALL CLAIMS WHATSOEVER WHICH MAY ARISE AS A RESULT OF THE RELEASE OF THE ABOVE INFORMATION.

I AM NINETEEN YEARS OF AGE OR OLDER.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2008.

WITNESS:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Guardian (if patient is under  
19 years of age)