



X-RAY ASSOCIATES

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Please email consent form to Rosalba Simone : rosalba.simone@xrayassociates.org

Consent for Disclosure of Personal Health Information for Patient Portal

Patient Portal is a powerful tool to securely store your medical imaging information and easily share with your healthcare professionals. However, it is not intended to provide you with medical advice, and for advice about your imaging records please speak to your referring physician. Your referring physician understands the implications of your imaging results based on your personal medical history and we advise that you always discuss your imaging records with them.

I Agree

I Disagree

First Name:	Last Name:
OHIP Number:	DOB:
Patient Signature :	

In case you need assistance completing the interactive consent form, please e-mail rosalba.simone@xrayassociates.org with your First name, Last name, OHIP number and the consent acknowledgment.

If the person signing is not the patient, please provide X-RAY ASSOCIATES with documentation of your authority to obtain this information.

Thank You
X-Ray Associates