saskatoon
NATUROPATHIC MEDICINE

OFFICE OF DR. AMY VELICHKA, ND
DR. JACALYN SIEBEN, ND
DR. DARLENE REID-AHENAKEW, ND
DR. NICOLE LORAN, ND

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS
TO THE ATTENTION OF:

eHealth Privacy Service

Fax: 1-306-798-0897

Patient's Name (Please Print): _____

Date of Birth (Day/Month/Year): _____

Provincial Health Number: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____

I hereby authorize eHealth Saskatchewan to disclose personal health information from in the eHR Viewer to:

☐ DR. AMY VELICHKA, ND
☐ DR. DARLENE REID-AHENAKEW, ND
☐ DR. JACALYN SIEBEN, ND
☐ DR. NICOLE LORAN, ND

This includes the following information:

Lab Results from _____ **to** _____
Medical Imaging from _____ **to** _____
Clinical Documents from _____ **to** _____

☐ I authorize my documents to be sent via **EMAIL** to info@saskatoonnaturopathic.com
(*E-Mail transmissions cannot be guaranteed to be secure or error free as emails can be intercepted, corrupted, destroyed, arrive late or incomplete, or contain viruses)
(initials) _____

☐ I authorize my documents to be sent via FAX to 1-306-664-2151

Patient's Signature: _____ **Date:** _____

call. 306-664-2150 | fax 306-664-2151 | 14-118 Cope Crescent, Saskatoon, SK S7T 0X3