

Red Deer Wellness Clinic  
G12, 5550-45 Street  
Red Deer, AB  
T4N 1L1  
P: (403) 346-1331  
F: (403) 346-1309

## RELEASE OF CUSTODY FOR MEDICAL RECORDS

\*\*\*Please print

X \_\_\_\_\_ Wellness ID # \_\_\_\_\_  
Patient Name  
X \_\_\_\_\_ y \_\_\_\_\_  
Address City  
X \_\_\_\_\_ y \_\_\_\_\_ y \_\_\_\_\_  
Province Postal Code Phone

I hereby request that Dr. \_\_\_\_\_ no longer have custody of my file. I accept full responsibility and do not hold Dr. \_\_\_\_\_ or the Red Deer Wellness Clinic liable to retain the custody of my file. I understand that a copy of my file may be kept for maintaining compliance with the Records Keeping Standard of Practice set by the CNDA, College of Naturopathic Doctors of Alberta. The signature below certifies that I agree to have my medical records released from the Red Deer Wellness Clinic to:

X \_\_\_\_\_  
Naturopathic Doctor's Name  
\_\_\_\_\_  
Clinic Address City  
\_\_\_\_\_  
Province Postal Code Phone

X \_\_\_\_\_  
Patient Signature

X \_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date