

The [Caleo Health](#) Clinic is committed to protecting patients' medical information. Maintaining patient privacy is an integral part of our mission as we serve the needs of the patient. In order to release information to any party other than the patient a valid consent/authorization form from the requesting party or a [Caleo Health consent/authorization form](#) needs to be signed by the patient (age 14 and older), parent of a minor patient (age 0-13), or the patient's legal representative. If valid authorization is not available when information is requested, the information may be sent to the patient to give to the requesting party.

For authorizations signed by the patient's legal representative, documents indicating the representative's legal authority must be provided. Documentation may be a health care advance directive, a power of attorney for health care decision making, or court appointed guardianship. Patients interested in completing a health care advance directive should let their Caleo Health healthcare provider know and a form will be provided.

Caleo Health Clinic offers Patient Portal Online Services. This secure EMR Portal allows patients to view and print portions of their medical record, lab results, and upcoming appointments; send a message to a member of the care team; complete forms; and view and bill (exceptions apply). In most cases, patients may use Patient Portal Services to obtain the medical record documentation they need to share with third parties. Patient Online Portal can be accessed through a web browser. For more information, visit <https://caleohealth.ca/medical-records/>

Requests for Release of Health Information:

Release to Medical Insurance Companies

- When necessary Patients are asked prior to or at their Caleo Health visit to complete and sign an authorization [form \(Caleo Health release of information Consent Authorizations form\)](#). This authorization form must be signed by the patient (age 14 and older), the parent of a minor patient (age 0-13), or the patient's legal representative with documentation indicating the legal representative's authority. This document gives Caleo Health Clinic permission to release information for insurance billing purposes.
- If this document is not signed, Caleo Health may be unable to file a claim with the patient's insurance company.

Release for Insurance Policies

- Patients that have a separate disability insurance policy that pays when they are off work due to a medical condition should discuss with the disability insurance company any medical information needed to process the disability claim.
- Patients with such a policy should complete the [Caleo Health Clinic Authorization to Release Protected Health Information form](#)* and provide it to the disability insurance company to request information from Caleo Health Clinic.

If the disability insurance company requests that patients complete their company authorization form, note that Caleo Health Clinic requires the authorization include the name of a specific Caleo Health Clinic provider or specifically **Caleo Health Clinic to release** the information as well as the name of facilities or individual(s) to **receive** the information.

Release to Healthcare Providers

- Patients are asked prior to or at their Caleo Health visit to complete and sign an authorization form (*Caleo Health Clinic Authorizations and Service Terms*). The authorization form must be signed by the patient (age 18 and older), the parent of a minor patient (age 0-17), or the patient's legal representative with documentation indicating the legal representative's authority. This document allows Caleo Health Clinic to release health information to healthcare providers for care and treatment.
- If this document is not available a valid authorization form from the requesting healthcare provider or the [Caleo Health Clinic Authorization to Release Protected Health Information form](#)* will be required to release to any healthcare provider for care and treatment.
- Caleo Health Clinic requires the authorization include the name of a specific Caleo Health Clinic provider **to release** the information as well as the name of facilities or individual(s) to **receive** the information.

Release to Family and/or Friends

- If a family member or friend will be participating in a patient's care and needs information, the *Authorization for Caleo Health Clinic to Disclose Protected Health Information* form must be completed by the patient (age 14 and older), parent of a minor patient (age 0-13), or the patient's legal representative with documentation indicating the legal representative's authority. This form can be printed upon request at the time of the patient's visit.
- Patients not at [Caleo Health Clinic can access the Authorization to Release Protected Health Information form](#)* to request release to the appropriate parties and send the completed authorization form to their Caleo Health Clinic healthcare provider.

Release to Employers & Request to Return to Work

- Patients should discuss with their employer any documents that must be completed prior to returning to work and then discuss those requirements with the Caleo Health healthcare provider at the time of the visit.
- If information is needed by the employer, the [Caleo Health Clinic Authorization to Release Protected Health information form](#)* should be completed and submitted with the request to allow release to the employer.



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