

Consent for Communication & Release of Information

Dr. Jesse Li
10909 Yonge St Unit 57, Richmond Hill, ON L4C 3E3
Front Desk Phone #: 647-204-0167

1. E-mail

I give consent to Dr. Jesse Li & his clinic team to disclose my personal health information consisting of medical records, laboratory test results, procedure reports, consultation reports, etc. to the following e-mail address:

E-mail address: _____

2. Phone & Voicemail:

I give consent to Dr. Jesse Li and his clinic team to call and leave voicemail to the following number(s) to disclose my medical record information and test results:

	Number	Type of Number (cell/home/work)	Number belongs to (Mine/Husband/Wife/ (Grand)- Daughter/Son/Other)	Allowed to leave voicemail? Yes or No
Phone #1				
Phone #2				

Please note that all patients will receive a notification from the clinic whether the reports are normal or abnormal. If your results are normal, you will receive a notification through either phone or email, and no follow-up appointments will be needed. If your results are abnormal, you will receive a phone call to book an appointment with the doctor. Only normal test results will be conveyed through email.

If you have not received a notification from the clinic for a long time, either your contact information is incorrect, or your results are missing. **In this case, please contact the clinic.**

First & Last Name (PRINT): _____ Date of Birth: _____

Signature: _____ Date: _____