



FORM 21 – MENTAL HEALTH ACT, SECTION 42(3)  
**CONSENT TO DISCLOSURE, TRANSMITTAL  
OR EXAMINATION OF A PATIENT RECORD**

This form is to be completed by the patient. This consent is valid for a period of one year.

**Copies of this form must be provided to the:**

- Chief Executive Officer, Whitehorse General Hospital; and
- physician.

**IN THE MATTER OF** *the Mental Health Act*

**AND IN THE MATTER OF** \_\_\_\_\_  
NAME OF PATIENT

I, \_\_\_\_\_ of \_\_\_\_\_  
NAME OF PATIENT PLACE OF RESIDENCE

hereby consent to the disclosure or transmittal to or the examination by \_\_\_\_\_  
NAME OF PERSON REQUESTING DISCLOSURE

of the patient records compiled in \_\_\_\_\_, in respect of myself.  
HOSPITAL

**DATED** at \_\_\_\_\_,  
this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of patient

\_\_\_\_\_  
Printed name of patient