



Adult Virtual ADHD Clinic

**Ontario**

117 Division St,  
Kingston, ON K7K 3Y9

**Alberta & B.C.**

1600, 510 5th Street SW,  
Calgary, AB T2P 3S2

# Release of Medical Records:

P: 587-844-6287 / F: 855-719-0483  
support@talkwithfrida.com

I, \_\_\_\_\_, DOB: \_\_\_\_\_  
request Frida to disclose the following personal health information:

**Records Requested:**

- Summary of Care including assessment, diagnosis, and treatment plans throughout duration of time as a patient at Frida
- Other (Please include date range):

\_\_\_\_\_

\_\_\_\_\_

**Records to be sent to the following recipients (select all that apply):**

- Healthcare Provider

(Records will be sent to the fax provided below)

Name of Practitioner: \_\_\_\_\_

Name of Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

- Myself

(Records will be sent via Secure Message to your Frida profile attached to the email provided)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\* For an entire patient file release, please contact the Frida Care Team at (587)844-6287 or support@talkwithfrida.com for further details

**Records to be released upon future request.**

This Release of Medical Records will be kept on your file  
and available for processing upon notice given to the Frida Care Team.

\_\_\_\_\_  
Patient Signature  
(wet or digital signature are both valid)

\_\_\_\_\_  
Date