



Ontario Medical Association
Consent for Release of Information Regarding GP Focused Practice

Section 1 – Physician Information

Name: _____
Last Name First Name GP Focus Area

Address: _____
Street No. Street Name Unit

City Province Postal Code

Contact Details:

Telephone No. Fax No. Email Address*

* optional field

Section 2 – Authorization

I hereby authorize the Ontario Medical Association (the “OMA”) to use and disclose the following information as it relates to me, for the purpose of communicating to primary care physicians (by means including posting on the OMA website), my status as a GP Focused Practice physician.

- Name
- Address
- Phone number
- Fax number
- Email address (optional)
- GP Focused Practice area

I acknowledge and understand that the purpose of this information disclosure is to allow the OMA to advise Primary Care Physicians of my status as a GP Focus Practice physician under the terms of the 2004 and 2008 Memorandum of Agreement between the Ministry of Health and Long-Term Care and the Ontario Medical Association. I understand that the identified specialized services I provide to Enrolled Patients of Primary Care physicians will not impact their Access Bonus.

Signature Date (yyyy/mm/dd)

Forms are only accepted via e-mail: anna.carnovale@oma.org

Consent given pursuant to this form may be revoked at any time by sending an email to Anna Carnovale (anna.carnovale@oma.org)

If there any changes to the information provided at a future date, please resubmit a new form explaining the revisions in order for the GP Focus Contact List to be up to date - [GP Focused Practice Designation \(oma.org\)](http://oma.org)

If you have any questions about this form, please contact 1.800.268.7215 (ext. 3100) or via e-mail (anna.carnovale@oma.org)