



TRUE EXPERIENCE

Supportive Housing & Community Work Program

201 Forest Street East

Dunnville, Ontario

N1A 3G5

905-774-6165

Fax Line: 905-774-4620

www.trueexperience.ca

Consent to Disclose & Exchange Information

I, _____, authorize

(Print your name) (Print name of health information custodian)

to disclose and exchange

my personal health information consisting of: (Diagnosis, medical conditions, physical and mental health history and any relevant information we should be made aware of.)

Describe the personal health information to be disclosed.

or

the personal health information of _____

(Name of person for whom you are the substitute decision-maker)*

consisting of: (Diagnosis, medical conditions, physical and mental health history and any relevant information we should be made aware of.)

Describe the personal health information to be disclosed.

To: Program Staff, True Experience Supportive Housing and Community Work Program, 201 Forest St. E.,
Dunnville, ON N1A 3G5 Tel: 905-774-8691 Fax: 905-774-4620

I understand the purpose for disclosing this personal health information to the person noted above. I understand that I can refuse to sign this consent form.

My Name: _____ **Address:** _____

Home Tel.: _____ **Work Tel.:** _____

Signature: _____ **Date:** _____

Witness Name: _____ **Address:** _____

Home Tel.: _____ **Work Tel.:** _____

Signature: _____ **Date:** _____

***Please note: A substitute decision-maker is a person authorized under PHIPA to consent, on behalf of an individual, to disclose personal health information about the individual.**

Consent to Disclose Personal Health Information Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)