

Consent to the Collection, Use and Disclosure of Personal Health Information

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

All employees of ADAPT are mandated, under law, to protect the personal health information/clinical records of every client. Signing this form will allow consent for the sharing/disclosure of your personal health information between the parties noted. This consent may be withdrawn, upon request, at any time.

I,(Print Client's Full Name)	D.O.B/, of the address
(Print Client's Full Name)	(dd/mm/yy)
	, have <u>placed my</u>
the purposes of Service Co-ordination and Trea	who I agree may share my Personal Information fo atment.
Addiction Supportive Housing (ASH) Partners Halton, Summit Housing and Outreach	s: ADAPT, Support and Housing
Ontario Works Agencies	Ontario Disability Support Program
Canadian Mental Health Association	Halton/Peel Police Service
Child Welfare Agency	
Other	Other
This Consent applies to the information in the r	ecords of:
Client's Signature	// Today's Date (dd/mm/yy)
Signature of Witness	// Today's Date (dd/mm/yy)

Notes: Please include any restrictions or instructions in this section pertaining to the information to be disclosed under this consent.