



CONSENT FOR RELEASE OF PERSONAL HEALTH INFORMATION

I hereby consent and direct you to provide personal health information regarding:

(Insert client label here)

_____ Date of Birth:

D	D	M	M	M	Y	Y	Y	Y	Y

(Print name)

of: _____
(Address) (City)

PHIN:

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 MHSC:

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Home Phone #: _____ Work Phone #: _____ Cell Phone#: _____

concerning the following specific information: _____

Date(s) and service(s) provided: _____

to: Name: _____ Phone #: _____

Address: _____

Client Signature: _____ Date: _____

Consent on Behalf of Client

I _____ am exercising the rights for the clients in
(Print name)

accordance of *The Personal Health Information Act*, Section 60

- A by any person with written authorization from the individual to act on the individual's behalf;
- B by a proxy appointed by the individual under *The Health Care Directives Act*;
- C By a committee appointed for the individual under *The Mental Health Act* if the committee has the power to make health care decisions on the individual's behalf;

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- D by a substitute decision maker for personal care appointed for the individual under *The Vulnerable Persons Living with a Mental Disability Act* if the exercise of the right relates to the power and duties of the substitute decision maker;
- E by a parent or guardian of an individual who is a minor; if the minor does not have the capacity of making health care decisions;
- F if the individual is deceased by his or her personal representative.

If representing an agency, state name of agency: _____

Signature: _____ Phone #: _____ Date: _____