



Canadian Mental Health Association
York and South Simcoe

Consent to Release Personal Health Information

I, _____ Date of Birth: _____

Authorize the disclosure of personal health information between
Canadian Mental Health Association, York Region and South Simcoe (CMHA) and:

- _____
- _____
- _____

Are there any restrictions or limitations placed on the release of personal health information? (If yes, specify below and in a Red Flag Case Note)

No Yes

I understand that I may withhold or withdraw my consent at any time by giving CMHA written notice.

This form is signed by the service user (If not capable, then by the Substitute Decision Maker)

Name

Date

Signature

Note to staff: If this form is being signed by someone other than the client, you must satisfy yourself that the *Personal Health Information Protection Act* (or where the release of information relates to treatment for which there is a substitute decision-maker, the *Health Care Consent Act*) permits that person to act as the client's highest ranked substitute decision-maker.