



GENERAL – AUTHORIZATION TO RELEASE OR OBTAIN PERSONAL/PERSONAL HEALTH INFORMATION

Information for:			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Last Name	First Name	Middle Name/Initial
Address		City or Town	Province Postal Code
Telephone (day/evening)	Email		Date of Birth (yyyy-mm-dd)

Substitute Decision-Maker Information: *Please indicate your relationship to this person and provide documentation proving you are legally authorized to act on their behalf **

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Last Name	First Name	Middle Name/Initial
Address		City or Town	Province Postal Code
Telephone (day)	Telephone (evening)	Relationship *	

I hereby authorize the Huron County Health Unit to release/obtain the following information for myself or my dependent(s): *(please provide a detailed description of personal/personal health information to be released/obtained):*

Release/obtain information to/from: *(print full name and address of individual and/or institution)*

Name (please print)	Signature	Date (yyyy-mm-dd)
Witness Name (please print)	Signature	Date (yyyy-mm-dd)

This consent is effective from _____ to _____

This consent can be withdrawn at any time by notification in writing to the Huron County Health Unit at the address below.

Personal or personal health information on this form is collected under the authority of the *Health Protection and Promotion Act* and applicable privacy legislation. This information will be used for delivery of public health programs and services and may be used for evaluation or statistical purposes. Any questions about the collection of this information should be directed to the Privacy Officer, Huron County Health Unit, 77722B London Road, R.R. #5, Clinton, ON N0M 1L0 or call 519-482-3416 or email healthprivacy@huroncounty.ca

FOR HCHU USE ONLY:			
VERIFICATION OF REQUEST	<input type="checkbox"/> By Telephone	<input type="checkbox"/> Verification Waived	HCHU Staff Initials / Date:
	<input type="checkbox"/> In Person	<input type="checkbox"/> Identification Presented	