



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

Client information:			
<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)
Name(s) of Dependents:			
Last Name, First Name	Date of Birth (yyyy-mm-dd)	Last Name, First Name	Date of Birth (yyyy-mm-dd)
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):			
<input type="checkbox"/> Healthy Attachment <input type="checkbox"/> Financial Stability <input type="checkbox"/> Optimal Growth and Development <input type="checkbox"/> Parental Health <input type="checkbox"/> Positive Parenting <input type="checkbox"/> Support Network and Trusting Relationship <input type="checkbox"/> Other _____			
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)
<i>This consent is valid from _____ to _____ unless the client is discharged from all Health Unit programs and services.</i>			
<i>This consent can be withdrawn at any time by notification in writing to the Huron County Health Unit at the address below.</i>			

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"/> In Person	<input type="checkbox"/> Verification Waived <input type="checkbox"/> Identification Presented	HCHU Staff Initials / Date: