

**Consent to Disclose Personal Health or Other Information
Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)**

Durham Mental Health Services and the Canadian Mental Health Association – Durham Branch are working together by using the same intake process to coordinate services that we can provide to you. Your name will be shared between our agencies to determine the best service for your needs.

Your express consent is required to disclose (send) or receive personal information to/from any other agency or person.

I, _____, authorize _____
(Print your name) (date of birth) (Print name of health information custodian)

to disclose:

- my personal health information consisting of:
- other personal information consisting of:

(Describe the personal health or other information to be disclosed)

OR

- the personal health or other information of _____
(Name of person for whom you are the substitute decision-maker)*
- consisting of: _____

(Describe the personal health or other information to be disclosed)

to: _____
(Print name and address of recipient(s) requiring the information)

I understand that this personal health or other information is to be used only by the recipients above for the purposes of:

- determining eligibility for programs or services;
- developing an appropriate care or goal plan;
- other (please specify): _____

I understand that I can refuse to sign this consent form. I understand that I may withdraw this consent verbally or in writing at any time.

My Name: _____
(Print your name)

Witness Name: _____
(Print your name)

Signature: _____

Signature: _____

Date: _____

Date: _____

*Please note: A substitute decision-maker is a person authorized under PHIPA to consent, on behalf of an individual, to disclose personal health information about the individual. Verification of the identity of the person acting as substitute decision-maker is recommended.