

Section A: Individual Information

Please note you are the individual who is the subject of the personal information to be disclosed.

Last Name	First Name
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Section B: What personal information do you want disclosed?

Please provide details about the personal information you want disclosed, such as the name of the Carewest location/facility that has the personal information and the time period of the records.

Section C: What individual/organization is the individual's personal information being disclosed to?

Name of Individual/Organization		Phone	
Address	City/Town	Province	Postal Code

Section D: Authorized Representative (required when asking for personal information on behalf of another person)

If you are signing on behalf of the individual named in Section A, please check one of the options below and provide a copy of supporting documents.

I, _____, am
(insert representative name)

- the **personal representative** of a deceased individual appointed by the individual's will or by the Court, administering the individual's estate.
- the **guardian or trustee** appointed for the individual under the Adult Guardianship and Trusteeship Act exercising my powers or duties as their guardian or trustee.
- the individual's **agent** named in an activated Personal Directive under the Personal Directives Act exercising my authority set out in the Personal Directive.
- the individual's **named attorney** in a Power of Attorney currently in effect exercising my powers and duties conferred by the Power of Attorney.
- the **parent or legally appointed guardian** of the individual who is under 18 years of age and who is not a mature minor in relation to their personal information.
- a **person with written authorization** from the individual to act on their behalf.

Section E: Consent for Disclosure

I authorize Carewest to disclose the personal information described above to the individual or organization(s) identified above. I understand why I have been asked to disclose my personal information and I am aware of the risks and benefits of consenting or refusing to consent. I understand I may revoke this consent in writing at any time.

Date consent is effective (yyyy-Mon-dd) _____ Expiry date (yyyy-Mon-dd) (valid for 2 years if no date provided) _____

Name of person giving consent	Phone	Email
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