



CONSENT FOR RELEASE OF INFORMATION

Surname: _____ First Name: _____

I _____ hereby consent to the obtaining and releasing of my personal information, understanding that this information is confidential and authorization is required by law to disclose to applicable parties as per The Privacy Act & Personal Information Protection Act (PIPEDA)

Consent of Client Service Plan Development:

Personal Attendant Care Inc. will assess my needs and determine eligibility for service and with my input, develop a Client Service Plan. I agree _____ I disagree _____

Consent to Record Information:

Personal Attendant Care Inc. will record my personal information in collaboration with other agencies to assist with my care requirements. I agree _____ I disagree _____

Consent to Obtain and Exchange Information:

Personal Attendant Care Inc. will exchange information regarding my care with other agencies/health care providers/professionals and family members/friends.

I agree _____ I disagree _____

Specific agencies/health care providers/professionals with whom my information can be obtained and exchanged with are:

Specific agencies/health care providers/professional/agency with whom my information cannot be obtained and exchanged with are:

Specific family members/friends with whom my information can be obtained and exchanged with are:

Specific family members/friends with whom my information cannot be obtained and exchanged with are:

***NOTE:** Consent for any of the above may be withdrawn at any time in writing.

Signature of Client or Authorized Substitute _____

Client Service Supervisor/Designate: _____

MM/DD/YY: _____