

# Multi-Agency Consent Form

Consent for Use, Collection, and Disclosure of Information	
<p style="text-align: center; font-size: small;">As a Client or Substitute Decision Maker, I understand that by consenting to participate in a multi-agency consent form, my personal information and personal health information will be collected, used and disclosed when needed for the provision of service and care, and/or for statistical purposes. Any information collected is kept confidential unless Ontario or Canadian laws require disclosure.</p>	
Client Name:	
Client D.O.B. (YY/MM/DD)	
Client Address:	
Client Telephone:	

As a Client or Substitute Decision Maker, I consent to the collection, use and disclosure of my personal health information between the agencies and/or individuals participating in my care as listed below:	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
List Any Consent Restrictions:	<input type="checkbox"/>	<input type="checkbox"/>
Primary/Emergency Contact Name:		
Name of Client/SDM:	Agency Name:	
Relationship:	Agency Representative:	
Signature:	Phone Number:	
Date:	Fax Number:	

All personal (health) information collected and used is kept confidential and may be disclosed only as permitted under the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), Freedom of Information and Protection of Privacy Act (FIPPA) and the Personal Health Information Protection Act (PHIPA), 2004. This information is to be used for the purpose of provision of service. You have the right to view and correct this information, withhold, or revoke your consent at any time.