

CONSENT TO RELEASE OF INFORMATION

(Name of Resident – Print in Full) _____

I, _____, SIN No. _____ D.O.B. _____

do hereby authorize the following to permit Staff of Kinghaven Peardonville House Society (“KPHS”), operators of the *George Schmidt Centre*, to examine, receive, or share information from the records of the following individuals and/or agencies:

- _____ All Doctors and Clinics who are part of my Care
- _____ All Hospitals and Fraser Health Authority
- _____ Any treatment centers, past or future
- _____ Fraser Mental Health Services
- _____ Ministry of Children and Families
- _____ Ministry of Social Development
- _____ Probation and/or Parole
- _____ Community Legal Advocacy Society
- _____ Lawyers and Legal Professionals
- _____

DATED this _____ day of _____, 20_____.

(Resident Signature)

(KPHS Authorized Signatory)

NOTE: This authorization must be signed in original by Resident, and is valid within 18 months of the request being submitted to the George Schmidt Centre. If authorization is given other than by the Resident, proof of appointment as the representative must be given.

Resident may revoke consent by written submission at any time.

/GSC INTAKE/1b – Consent to Release of Information