

CONSENT TO OBTAIN AND RELEASE INFORMATION¹

The protection of your privacy and the delivery of high-quality care is our priority. In order to best serve you, a group of service providers, all committed to the protection of your privacy, are working together to support your decisions regarding your care. With your permission, we will share information with each other and with other agencies to support you in developing a plan of care that is designed to support your choices and decisions. The following agencies are part of a service system that is designed to support you in reaching your personal goals.

| Agency name | Permission to share personal health information (initial below) | Permission to share assessment, treatment, and case management information (initial below) |
|-------------|---|--|
| 1. | | |
| 2. | | |
| 3. | | |

There may be reasons to share your personal health information as well as assessment, treatment, and case management information with other agencies to support you in meeting your personal goals. If you are in agreement for the agencies and related programs named above to share this information, please indicate your authorization by initialing beside each relevant agency.

Having read and understood this form, I hereby authorize the identified agencies to release and request information to and from each other and to and from the RAAM clinic. I also understand that I can withdraw my consent in writing at any time and that I can restrict the nature and type of information shared.

Name

Signature

Date

¹ Adapted from materials provided courtesy of the Northwestern Ontario Regional RAAM Steering Committee.