TRENT UNIVERSITY
Student Wellness Centre
COUNSELLING | HEALTH | ACCESSIBILITY

Consent to Disclose Personal Information

Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)

As a supportive learning environment, Trent University is interested in providing the best possible learning experience to its students. In order to assist you we are asking for your written permission to obtain clinical information from a third party and/or share all or part of the information from your file at one of the departments within the Trent Student Wellness Centre (Health, Counselling, or Accessibility).

By completing the section below and providing your signature, you are giving us permission to collect and/or share personal health information with the individual(s), department, or agency noted below. You may, upon written request, revoke this permission in whole.

I, _____ **D.O.B.** _____
(Name and Student Number) (Date of Birth)

authorize _____
(Name of individual, department, or agency)

To disclose/obtain my personal information consisting of:

(Describe the personal information to be disclosed i.e.: medical records, lab results, specialist reports, formulation, diagnoses, psychiatric consultation, progress, attendance, etc.)

To/from:

(Name and contact information of individual/department/agency requiring the information)

I understand the purpose for disclosing this personal information to the person noted above. I understand that I can refuse to sign this consent form.

Signature: _____ Date: _____

Witness: _____ Date: _____

This consent expires on the _____ (day) of _____ (month), _____ (year).

Revised April 2020