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Consent to Disclose Health Information

The patient/student or their authorized representative must complete this form before Olds College will disclose the patient's/client's health information to someone else (unless Alberta's Health Information Act authorizes disclosure without consent).

Student Information	
Patient/Student Name:	
Date of Birth:	Student ID:

What information do you want disclosed?
Please provide details about the health information you would like disclosed:

What individual/organization is the patient's/student's health information being disclosed to?			
Name of Individual/Organization			Phone
Address	City/Town	Province	Postal Code

Authorized Representative (required when asking for health information on behalf of another person)
If you are signing on behalf of the patient/client named in section A, please choose one of the options below and provide a copy of supporting documents. I, ______________________________________, am (insert representative name) the ____ (insert authorized representative role,eg. parent/legal guardian).

Consent for Disclosure		
I authorize Olds College to disclose my health information, as described above, to the individual or organization(s) identified above. I understand why I have been asked to disclose my health information and I am aware of the risks and benefits of consenting or of refusing to consent. I understand I may revoke this consent in writing at any time.		
Date consent is effective:	Expiry Date:	(Valid for 2 years if no date is provided)
Name of person giving consent	Phone	Email
Signature of person providing consent		Date
Witness Name	Witness Signature	Date
Information on this form and the supporting documentation are collected under the authorization of sections 20 - 22 of the Health Information Act for the purpose of responding to your request and will be filed on the patient/student record.		

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. Public inquiries regarding the collection, use and disclosure of personal information provided on this form should be directed to the FOIP Coordinator of Olds College at 4500 – 50 Street, Olds, AB T4H 1R6.