



Rainy River District Social Services Administration Board

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- Children's Services
- Land Ambulance
- Ontario Works
- Social Housing

Consent to Disclose Personal Health Information

I _____ hereby consent to an authorized member of the Rainy
(Name of Client)

River District Social Services Administration Board (RRDSSAB) to disclose the following

personal health information: Verbally Copies of Records

Description of information to be disclosed: _____

to *(Name and Address of person/agency requesting information)* _____

from the records of _____

(Name of Client)

(Date of Birth)

of _____

(Mailing Address of the Client)

I understand that this personal health information is to be used **only** by the recipient for

the purposes of: _____

I hereby waive any and all claims against the Rainy River District Social Services

Administration Board in connection with the disclosure of this personal health information.

Witness: _____

Signed by: _____

(Client or Substitute Decision-Maker)

Date: _____

Relationship: _____

(to Client if Substitute Decision-Maker)