

## Consent to Disclosure of Personal Information

I, \_\_\_\_\_ hereby consent to the disclosure/sharing of information/  
(Print Name in full)

partial information (please specify) \_\_\_\_\_

contained in the record compiled by Peel Public Health to \_\_\_\_\_  
(Name of Agency)

concerning \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
(Name) (Date of Birth) (Relationship to Client)

for the following purpose \_\_\_\_\_  
(Purpose)

<b>Return Consent</b> <b>Strike This Section if Not Applicable</b>
This consent further authorizes _____ (Name of Agency)
to disclose information contained in the record of _____ (Name)
to Peel Public Health, for the above noted purpose.

This consent remains in effect, unless withdrawn by me in writing, until \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Witness)

Dated the \_\_\_\_\_ day of \_\_\_\_\_ .  
(Day) (Month) (Year)