

# Consent to Disclose Information



This form is to be used to consent to the disclosure of personal information which is protected and governed by the privacy provisions of *The Freedom of Information and Protection of Privacy Act*, and *The Child and Family Services Act*, or *The Emergency Protection for Victims of Child Sexual Abuse and Exploitation Act* and personal health information which is protected and governed by *The Health Information Protection Act*. Read Consent Fact Sheet before completing.

I \_\_\_\_\_  
(print full name and date of birth or case number/identifier)

consent to release to \_\_\_\_\_  
(print name, title of person receiving information)

\_\_\_\_\_  
(print address and phone number of person receiving information)

\_\_\_\_\_  
(relationship between third party and individual providing consent)

personal information and/or personal health information about me which the Minister of Social Services and/or his /her officials may need to release in order to respond to the following concern or issue:

Please check the (one) appropriate box and complete details

Access to my **entire** file and personal information. I consent to the Ministry releasing any information requested by the above named individual for the duration of this consent. I understand that this includes any and all personal information and personal health information on my file for specified Program (select one or more):.

- Income Assistance Programs (*SAID, SIS, etc.*)
- Housing Programs (*Housing Authority files, rental agreements, payment history*)
- Disability Programs (*Community Living*)
- Child and Family Programs (*Child protection files, child in care, family services*)

Information is **limited** to this specific subject:

- Administration of benefits
- Documentation concerns/questions (annual reviews, monthly requirements etc.)
- Personal information only (excluding personal health information)
- Personal health information only (excluding personal information)
- Eligibility                       Case management questions                       All information (no limitations)
- Other (please be specific): \_\_\_\_\_

- One time consent                       On-going consent:

Consent period (MM/DD/YYYY): \_\_\_\_\_ to (MM/DD/YYYY): \_\_\_\_\_

I understand the Ministry may have information about me related to one or more of the following:

- Information relating to: financial assistance, employment programs, training allowances and benefits, employment assistance for persons with disabilities, career and employment services, seniors benefits, child care subsidy programs, child care inspections, investigations, licensing, funding or qualifications, intellectually challenged individuals and approved private-service home operators. (Protected under *The Freedom of Information and Protection of Privacy Act*)
- Information relating to me and/or my dependent children with respect to child protection concerns, services to families and foster care. (Protected under *The Child and Family Services Act*)
- Information relating to: medical reports, doctor's letters and medical assessments, medical professionals' letters or assessments. (Protected under *The Health Information Protection Act*)

I understand that the Ministry will only release as much information as is required in order to respond to my concern, and that some information may not be disclosed to either myself or the third party identified above, in accordance with restrictions contained in *The Freedom of Information and Protection of Privacy Act*, *The Child and Family Services Act* and/or *The Health Information Protection Act*. **This consent does not provide the authority for the named individual to make decisions on my behalf.**

I understand that in the course of disclosing information to the identified individual, the Ministry may collect and use information from this individual regarding my circumstances.

I understand that I can revoke my consent at any time but that it cannot be done retroactively.

DATE: \_\_\_\_\_  
MM/DD/YYYY

\_\_\_\_\_  
Signature of Individual OR Legal Guardian  
Consenting to Collection, Use & Disclosure

Unless a shorter time frame is noted, consent does not extend beyond 12 months from the date of signing. New consents are required after 12 months.

For MSS use only:
Reviewer's Name: _____ Date: _____
Expiry date of consent (not to exceed 12 months):
Reasonable assurance consent is informed and voluntary: ___ Yes ___ No
Withdrawal of consent:
Date received: _____ Reviewed by: _____
Details of withdrawal: (Provide date and details as to how consent was withdrawn. If withdrawn in writing, attach withdrawal to this document.)

# Consenting to the Disclosure of Personal Information

## CLIENT FACT SHEET

In order to comply with privacy legislation, the ministry must have your permission (consent) to disclose your information to someone else. You have a right to your information and can consent for it to be released to anyone you choose (some legal exemptions may apply). Completing and signing the consent form verifies your permission. In all cases, the Ministry will only disclose as much information as is required in order to respond to the inquiry or your concern.

If you are a legal guardian or power of attorney providing consent, you must provide a copy of the legal documentation granting you the authority to make that decision on behalf of the client.

Records created under *The Child and Family Services Act* have additional confidentiality requirements. This may mean some information cannot be released, even with consent. The consent **does not apply** to records created under *The Adoption Act, 1998*.

### **Personal information**

Personal information is defined in *The Freedom of Information and Protection of Privacy Act* and includes just about any personal information about you. For example, it may include information about: race, religion, family status, age, place of origin, employment or criminal history, financial information, address and telephone number, the views and opinions of someone about you, along with a host of other information.

### **Personal health information**

Personal health information is defined in *The Health Information Protection Act* to include information about your health or health services received by you. Examples include: a patient record held by a hospital; registration information held by the Ministry of Health to register individuals for insured services; and, records of personal health information held by a government institution.

### **Clients wanting to access personal information**

Every person has the right to access their own personal information. This is done by requesting access under *The Freedom of Information and Protection of Privacy Act* or *The Health Information Protection Act*. If you have questions about that process, please contact Ministry of Social Services' Access & Privacy unit at 306-787-0227 or by emailing [Access-PrivacySS@gov.sk.ca](mailto:Access-PrivacySS@gov.sk.ca).

### **Clients wanting access to Adoption records**

For information about access to personal information under *The Adoption Act* (adoption services), contact Post Adoption Services at 1-800-667-7539 or write to them at 1920 Broad Street, Regina, SK S4P 3V6.