

AUTISM SOCIETY OF THE RMWB

21-10019 MACDONALD AVE, FORT MCMURRAY, AB T9H 1S9

PHONE: 587-452-9334 ~ AUTISMSUPPORT@AUTISM RMWB.ORG



Authorization for Autism Society of the RMWB to Release Confidential Information

Important: By completing all sections of this form, you allow Autism Society of the RMWB to disclose personal and confidential health care information to the individuals you identify for up to one year. You may allow Autism Society of the RMWB to share health care information with your family, providers, legal representative, or anyone you wish to have access. Please fill in all sections as incomplete forms may be returned.

SECTION 1: WHOSE CONFIDENTIAL INFORMATION IS TO BE RELEASED OR OBTAINED

Date of Release:		Consent Gained to Contact	Yes ☐	No ☐
Last Name:		First Name:		
Date of Birth: (D-M-Y)		Gender Identity:		
Phone Number:		Email:		
Address:				

Dependent(s) Information Being Released:				
First Name:	Last Name:	Gender:	Date of Birth: (D-M-Y)	Relationship to Caregiver:

I, _____ authorize Autism Society of the RMWB to disclose my confidential information or my child's information as described below. I am aware I have right to request a copy of this form and to request a copy of the information that is being disclosed.

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SECTION 2: WHO IS TO RECEIVE AND OBTAIN CONFIDENTIAL INFORMATION?

Agency/Organization/Person(s) Receiving Information or Obtaining	
Organization/Persons:	
Contact Name:	
Contact Email:	
Contact Phone number:	
Reason For Release:	

I understand that I give consent concerning information, which by law may be considered confidential or privileged. I understand that the information released by this consent cannot be released to anyone else unless I give written permission.

My signature indicates that I have read this form and/or it has been explained to me in a language that I understand.

This consent form expires one (1) year from the current date undersigned, unless revoked by me in writing prior to that date

Dated: _____

Signature of Client/Parent/Guardian

Signature of /Witness

"Connecting people, building pathways, and strengthening inclusive communities across our region."