

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, _____
(first and last name) _____
date of birth (mm/dd/yyyy)

consent to release to _____
(first and last name and title of person receiving information)

(address and phone number of person receiving information)

(relationship between person receiving information and person providing consent)

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

Please check the appropriate boxes:

Complete File:

Access to my entire file and personal information. I consent to the ministry releasing any information requested by the above named person 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 programs:

☐ Income Assistance Programs

(SAID, SIS, SEI, etc.)

☐ Disability Programs

(Community Living)

☐ Housing Programs and Finance

(Housing Authority files, rental agreements, payment history)

☐ Child and Family Programs

(Child protection files, child in care, family services)

Specific Information:

Information related to the above program is **limited** to this specific subject:

☐ Administration of benefits

☐ Personal information only

(excluding personal health information)

☐ Eligibility

☐ All information

(no limitations)

☐ Documentation concerns/questions

(annual reviews, monthly requirements etc.)

☐ Personal health information only

(excluding personal information)

☐ Case management questions

☐ Other (please be specific):

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, individuals with intellectual disabilities 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 child in care records. *(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 above named person, 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 above named person to make decisions on my behalf.**

I understand that, in the course of disclosing information to the above named person, the ministry may collect and use information from this person regarding my circumstances.

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

☐ One time consent only

☐ Consent expires 1 year from signature
(new consents are required after 1 year)

Date: _____
(mm/dd/yyyy)

Signature of person providing consent OR Legal Guardian consenting to collection, use & disclosure

For MSS use only:

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.)*

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 and shared/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*, *The Health Information Protection Act* or *The Child and Family Services Act*. You may use this form to consent to release your records to another individual. Complete this form, along with the appropriate access to information form, and forward both to Records and Privacy, 1920 Broad Street, Regina, SK S4P 3V6 or via email at access.privacy@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, write to them at 1920 Broad Street, Regina, SK S4P 3V6 or via email at postadoptionregistryinsask@gov.sk.ca