



Young Adult
Mental Health

Stella's Place Consent to Disclose Form

Consent to Disclose Personal Health Information Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA).

I, _____ Of
(Name of Young Adult or Substitute Decision Maker "SDM")

(Address) (City) (Province) (Postal Code)

Hereby consent to the bidirectional disclosure, transmission and or verbal exchange of personal health information between:

_____ and
(First and last name of person and if applicable name of agency)

Stella's Place Assessment and Treatment Centre
(Agency/ Name of Person)

Pertaining to:

_____ (Name of Young Adult) _____ (Date of Birth mm/dd/yyyy)

The information/records that shall be disclosed include the following (please circle all that apply):

- 1. Attendance 2. Programs 3. Appointments 4.Recommendations 5.Progress
- 6. Clinical notes 7. Other _____

This consent shall remain in effect from: _____ to _____
(Date: mm/dd/yyyy) (Date: mm/dd/yyyy)

All information obtained will be kept confidential between the parties specified above. I understand that I may withdraw this authorization at any time in writing.

(Name of Young Adult/ SDM – please print) (Name of Witness – please print)

(Signature of Young Adult/ SDM) (Signature of witness)