



Counselling Centre

Consent to Disclose Personal Information

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

As a supportive learning environment, Trent University is interested in providing the best possible experience to its students. You have provided us with information pertaining to your specific issues and needs. We would like to be able to assist you in meeting those needs during your time at Trent. In order to do that we ask you for permission to share all or part of the information you have provided with the person(s) who may need to be involved as part of your support system here are Trent.

By completing the section below and providing your signature, you are giving us permission to share this information with appropriate persons for the purpose of providing you with needed support services. You may, upon written request, revoke this permission in whole

I, _____, authorize _____
(Print your name) *(Name of individual/department/agency)*

To disclose my personal health & counselling information consisting of:

(Describe the personal information to be disclosed - ie: formulation; diagnoses; psychiatric consultation; progress; attendance)

To:

I understand the purpose for disclosing this personal information to the person noted above. I understand that I can refuse to sign this consent form.

Signature: _____ Date: _____

Witness: _____ Date: _____

This consent expires onday of.....20.....