Alberta Government

# Consent to Disclose and Release Personal Information

Community Corrections and Release Program

As authorized by section 34 of the *Health Information Act (HIA)* and/or section 40(1)(d) of the *Freedom of Information and Protection of Privacy Act (FOIP)*, Alberta:

I, ______________________________ , give permission to
*(Name and Date of Birth)*

______________________________ , or Designate, with the Alberta Justice and Solicitor General, Community Corrections and Release Program's Branch, to contact Tia Luedee
*(Name)*

Lakeland Centre for FASD .
*(Agency)*

This allows the above agency to give identifying personal and/or health information, verbally or in writing related to:
*(Please check the appropriate boxes)*

- [x] Attendance, participation and progress summary in regards to in-house programs
- [x] Assessment/Treatment Plan
- [x] Recommendations for transition
- [ ] Residence confirmation *(including drop-in status)*
- [ ] Curfew Compliance
- [ ] Relevant history
- [x] Other *(please specify)* FASD Assessment documents

This allows your probation officer to give and collect identifying personal and/or health information, verbally or in writing related to:
*(Please check the appropriate boxes)*

- [ ] Re-housing Triage and Assessment Survey
- [x] Relevant criminal background, drug and alcohol abuse, or mental health history
- [x] Any Court order conditions relevant to residency and/or curfew
- [x] Other *(please specify)* Past and current involvement with Alberta Justice and Solicitor General

This information is being collected for the following purpose:
*(Please check the appropriate box)*

- [ ] Completing a Court ordered Presentence Report as per Section 721(1) *Criminal Code of Canada*
- [x] The supervision and enforcement of any Community Supervision order

I understand why I have been asked to disclose my individually identifying information, and am aware of the risks and benefits of consenting, or refusing to consent, to the disclosure of my individually identifying information. I understand that I may revoke the consent in writing or electronically at any time. All information will be protected under the guidelines of the *HIA* and *FOIP Acts*.

**A faxed copy or photocopy of this is as good as this original.**

Client Signature ______________________________

Witness ______________________________

Date *(yyyy-mm-dd)* ______________ Permission will expire on *(yyyy-mm-dd)* ______________

**If you are signing on behalf of a client, the following information must be provided:**

**Name of Authorized Representative** ______________________________

**Attach source of Representative Authority (Section 104 of the *HIA*, Section 84(1) of *FOIP*)**

CC11504 (2017/09)