2 Surrey Place, Toronto ON M5S 2C2
dsotr@surreyplace.ca
Toll free: 1-855-372-3858
T: 416-925-4930
F: 416-925-5645

DSO Developmental Services Ontario Toronto Region

SURREY PLACE

Consent to Disclose Personal Health Information

DSCIS # _____

I _____
(Name of Client /Legal Guardian/Substitute Decision Maker)

of _____
Street Address *City* *Prov.* *Postal Code*

hereby consent to the disclosure of personal health information to:

DSO Toronto Region 2 Surrey Place Toronto ON M5S 2C2 f: 416-435-5420 e: dsotr@surreyplace.ca
(Name of Person/Agency/Health Care Facility Requesting Information)

from the record of _____
(Name of Agency/School board/Health Care Facility/Professional disclosing information)

in respect of _____
(Client of Name) *Date of Birth (yyyy-mm-dd)*

I understand that this personal health information is to be used **only** by the recipient for the purposes of: (e.g. assessment, treatment planning, coordination of services). I also understand that my information will be shared with provincial DSO offices via DSCIS only when necessary i.e., after hours urgent response request, and the Toronto Passport agency, in order to facilitate my referral.

Determining eligibility for developmental services and supports

_____
(Specify)

Witness: _____ Signed by: _____
(Client/legal guardian /Substitute Decision-Maker)

I hereby give verbal permission to disclose information

Date: _____ _____
(click and choose the date) *(If other than client state relationship)*

******This consent may be withdrawn or amended verbally or in writing at any time prior to the expiration date except where action has been taken in reliance on the authorization.***

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