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Consent to the Collection, Use and Disclosure of Personal Health Information

I, _____, have reviewed the West End Recovery written statement concerning the collection, use and disclosure of personal health information.

- I understand that West End Recovery is seeking my consent for it to collect, use and/or disclose personal health information given by me or by the person acting on my behalf.
- I understand that West End Recovery will only collect, use and disclose my personal health information with my consent as set out in the statement of information practices unless a particular collection, use or disclosure is permitted or required by law without my consent.

Limitations of Confidentiality: we must release information about you without your consent:

- If you are threatening harm to yourself or others
- If a child under 16 years of age is/may be at risk of abuse/neglect
- If we are subpoenaed by a court of law or by a judge
- If we are presented with a search warrant

I hereby authorize West End Recovery to collect, use and disclose my personal health information for the purposes that I have checked-off above. I understand the limitations to confidentiality. I have been given opportunity to ask questions and answers have been provided to my satisfaction.

Patient's Name: _____

Signature: _____ Date: _____

Staff Signature: _____ Date: _____