

Student Consent regarding Personal Health Information

This form is to be completed by a registered Queen's student receiving care from Student Wellness Services (SWS). A signed form provides consent for SWS to receive and/or disclose personal health information, as specified.

BOTH SIDES OF THE FORM MUST BE COMPLETED

Student Name: _____

Student Number: _____ Date of Birth (MM/DD/YYYY) : _____

Student phone number: _____ Health Card #: _____

Fill out one of the following boxes:

If consent is for speaking to a person, consent is effective from (date) _____
to _____ (date)

I authorize Student Wellness Services to **RECEIVE (Fax: 613-533-6740)**: Requesting clinician: _____

My records pertaining to: (Please check all that apply)

- Medical Services
- Counselling Services
- Psychiatry Services
- Accessibility Services
- Specific information pertaining to (please specify): _____

To (name of individual/organization): _____

Contact (phone/fax/email): _____

Relationship to Student (if applicable): _____

For the purpose of (if applicable): _____

I authorize Student Wellness Services to **SEND**:

My records pertaining to: (Please check all that apply)

- Medical Services
- Counselling Services
- Psychiatry Services
- Accessibility Services
- Specific information pertaining to (please specify): _____

To (name of individual/organization): _____

Contact (phone/fax/email): _____

Relationship to Student (if applicable): _____

For the purpose of (if applicable): _____

I understand how the information that is shared will be used by the receiving party.

Student Signature: _____

Date (MM/DD/YYYY): _____

Witness Name (please print): _____

Witness Signature: _____

Date (MM/DD/YYYY): _____

Student Wellness Services
Côté Sharp Student Wellness Centre and Gregory David and Neil Rossy Health Promotion Hub
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Queen's University
Kingston, ON
K7L 3N6

Phone: 613 533 2506
Fax: 613 533 6740
Web: www.queensu.ca/studentwellness

Personal information on this form is collected pursuant to the *Personal Health Information Protection Act, 2004(PHIPA)*