

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 (YYYY/MM/DD) : _____

Student phone number: _____ Health Card #: _____

Fill out either or both boxes:

Consent for SWS to DISCLOSE information

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

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*):

Consent for SWS to RECEIVE information:

I authorize Student Wellness Services to **receive (Fax 613-533-6740)**:

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*):

If consent is for verbal communication, consent is effective from (date) _____
to _____ (date)

Please turn over and sign

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
Mitchell Hall, 69 Union St. W.
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)*.