

	<p><b>NIAGARA CATHOLIC DISTRICT SCHOOL BOARD</b></p> <p><b>CONSENT TO DISCLOSE PERSONAL HEALTH INFORMATION</b> Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)</p>
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This information is being collected pursuant to the provisions of the Municipal Freedom of Information and Protection of Privacy Act and under the Authority of the Education Act, and will be used by Special Education. Questions about this collection should be directed to the Superintendent of Education – Special Education, Niagara Catholic District School Board, 427 Rice Road, Welland, Ontario L3C 7C1, 905-735-0240.

<b>I (name of Parent/Guardian)</b>	
<b>Authorize (Name of Physician and/or Medical Practice)</b>	

<p><b>To disclose the personal health information of</b>  <i>*Please note: A <b>substitute decision-maker</b> is a person authorized under Personal Health Information Protection Act (PHIPA) to consent, on behalf of an individual, to disclose personal health information about the individual.</i></p>	<p><b>(indicate name of the child for whom the parent/guardian is the substitute decision maker).</b></p>
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<b>consisting of</b>	
<b>Describe the Personal Health Information to be disclosed below.</b>	

<b>To Niagara Catholic District School Board and</b>	
<small>(name of school)</small>	<small>(address)</small>

**I understand the purpose for disclosing this personal health information to the person(s) noted above. I understand that I can refuse to sign this consent form.**

<b>Name of Parent/Guardian:</b>			
<b>Address:</b>		<b>Tel. Home:</b>	
		<b>Tel. Work:</b>	
<b>Signature:</b>		<b>Date: (yyyy/mm/dd)</b>	

<b>Witness Name &amp; Position:</b>			
<b>School :</b>			
<b>Address:</b>		<b>Tel. School</b>	
<b>Signature:</b>		<b>Date:</b> (yyyy/mm/dd)	

**(previously known as Form 14 – Ministry of Health)**

September 2009 - Form 29

*Original kept in Documentation file in OSR*