



# CONSENT FOR RELEASE OF INFORMATION

**Referred Care Clinic - Yukon**

210 Elliott Street  
Box 2703 – H-2RCC, Whitehorse, YT, Y1A 2C6  
Telephone: (867) 668-2552 • Fax: (867) 668-2565

{affix address label here}

Name	YHCIP N°
Date of birth <b>YYYY/MM/DD</b>	Contact N°

I, \_\_\_\_\_

- (1) agree that the Department of Health and Social Services may collect personal information about me from sources other than me if the information is necessary for my medical treatment, care or support, and
- (2) consent to the release (disclosure) to the Referred Care Clinic – Yukon (Department of Health and Social Services) by any of the individuals, agencies or service providers listed below of any information or records about me that may be useful in providing me with medical treatment, care or support.

Name of individual, agency, or service provider(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If I am signing this on behalf of another person, I am that person's proxy, guardian or attorney or have their written agreement to consent on their behalf.

This document is valid until  One year from date  
 Other date: **YYYY/MM/DD**

_____ Name in full	_____ Relationship (if other than patient)
_____ Signed	<b>YYYY/MM/DD</b> Date
_____ Witnessed by	<b>YYYY/MM/DD</b> Date

Please send all relevant information and records, including medical, chemical dependence, psychiatric and mental health records to Referred Care Clinic - Yukon

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The information on this form is collected for the purposes of providing treatment and care to individuals, for the function of providing related support and social services, for the administration of the Health Care Insurance Plan Act (including payment for Insured health and related services), and for program monitoring and evaluation. This collection is authorized by section 29(c) of the Access to Information and Protection of Privacy Act. If you have questions about the collection of the information, you may contact: Department of Health and Social Services, ATIPP Coordinator, #1 Hospital Road, Whitehorse, Yukon, telephone: (867) 667-5919.