ADDICTIONS SERVICES: ANCHORAGE PROGRAM
INFORMED CONSENT AND RELEASE OF INFORMATION

I_____, authorize Salvation Army, Addictions Services to disclose/request my personal information to/from the person/agencies listed below:

(Please specify contacts)

□ Addiction treatment program(s):_____

□ Second stage/transitional housing: _____

□ Mental health services & practitioners:_____

□ Medical services & practitioners: _____

□ Legal representation:_____

□ Withdrawal management centre:_____

□ Volunteer agency:_____

□ Ontario Works: _____

□ Family: _____

□ Other: _____

The designated individual or agency that receives my information shall not make any further disclosure of such information without my specific written consent, or as otherwise permitted by applicable legislation.

I understand that this authorization will be in effect for a period of **one year from the signature date**. I also understand that I may revoke this consent at any time, if requested in writing, except to the extent that action has already been taken based on my consent.

Signature: _____ Date: _____

Witness: _____ Date: _____