



CONSENT FOR RELEASE OF PERSONAL INFORMATION

I, _____
PRINT full name

DATE OF BIRTH Month _____ Day _____ Year _____

Hereby give my consent to allow
Canadian Mental Health Association Middlesex
and

Community Homes for Opportunity Home Owners
Print name or agency or individual

To share the following information for the purpose of providing community mental health services (please describe):

Assessment for housing

Month _____ Day _____ Year _____
Signature of Individual

Month _____ Day _____ Year _____
Signature of Witness

Expiry Date for Consent Month _____ Day _____ Year _____

Ongoing _____ (Initials of person giving consent)

I understand that I can withdraw my consent at any time by providing written notice for withdrawal of consent. I understand that no information will be released to other parties without my consent unless there is a legal requirement to do so or a serious concern about my safety or the safety of others.