

CONSENT TO RELEASE INFORMATION

Additional Information:

Additional information is often required before a request can be considered. However, if you do not wish to consent to release information at this time, draw a line through the blank spaces below. You may then sign below as an application only.

Consent for Release of Information

I give the Brain Injury Association of Peel/Halton, namely, board members of the Caregiver Relief program, permission to obtain additional information regarding my application form from the organizations or individuals named below. (Examples: assisting agency/person, service provider, physician, psychologist, agency staff, etc.)

Name	Telephone Number (Incl. Area Code) ()
Name	Telephone Number (Incl. Area Code) ()
Name	Telephone Number (Incl. Area Code) ()

Application

I hereby apply for services and declare that the above statements are true to the best of my knowledge.

Signature of Applicant

Date (yyyy/mm/dd)

And/or Signature of parent or Guardian (if under 16 years of age)

Date (yyyy/mm/dd)

Notice of Right to Review Decisions

You will be notified, in writing, of the decision made by the BIAPH Caregiver Relief program committee. If the request has not been approved as presented, and you feel that you have not been treated fairly according to the BIAPH Caregiver Relief Guidelines at the outset of this form, you can ask for a review of this decision. To request a review, please send a letter to BIAPH within 20 days after you have been notified of this decision.

Notice with Respect to the Collection of Personal Information

This information is collected under the legal authority of the *Personal Health Information Protection Act, 2004* and will be used for the purpose of providing you with services and support under the BIAPH Caregiver Relief program. If you have any questions concerning the collection of this information, please contact one of the following:

BIAPH Executive Director: Ms. Jorun Rucels
jorun.rucels@biaph.com
(905) 823-2221 or 1-800-565-8594

Recommended by

Date

Approved by

Date

BIAPH OFFICE USE