



## INFORMED CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION

The Northern Ontario School of Medicine collects and protects personal information under the authority of Ontario's *Freedom of Information and Protection of Privacy Act* for the purposes of operating the programs and services of the School.

If you require the disclosure of your personal information to another person, designated agent or agency, legal counsel or other purposes, please complete the following informed consent document as required under *the Act*.

**I voluntarily authorize**

Name of Individual Providing Consent:
NOSM Individual / Unit:

**to disclose**

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State precise personal information, attach separate sheet if necessary.

**originally collected to**

--

State purpose for original collection of this information.

**releasing to**

--

Identify specific individual, organization or recipient category.

**for the purpose of**

--

State specific purpose of this information release.

**in the period**

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Provide date range for which permission will exist.

<b>Full Name:</b>	
<b>Date of Birth:</b>	
<b>Student I.D. #</b>	
<b>Date:</b>	

**Signature:** \_\_\_\_\_

**NOTE:** Consents may be revoked at any time by so indicating in writing to the office seeking consent.

**Protection of Privacy** - This personal information requested on this form is collected under the authority of Section 42 (1) of Ontario's *Freedom of Information and Protection of Privacy Act*. It will be used for the purpose of managing the consent for disclosure of personal information process. Questions concerning the collection, use and disposal of this information should be directed to: Director of Planning and Risk, 955 Oliver Road, Thunder Bay, Ontario, P7B 5E1.

This information will be retained and disposed in accordance with approved records retention and disposal schedules of the School.

May 17, 2017