



CONSENT TO RELEASE INFORMATION

Disclaimer

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the Community Living Authority Act and/or the Freedom of Information and Protection of Privacy Act (FOIPP Act). Under certain circumstances, the collected information may be subject to disclosure as per the FOIPP Act. Any questions about the collection, use or disclosure of this information should be directed to the Director, Information, Privacy and Records Services Branch (250)387-0820, PO Box 9702, Stn Prov Govt, Victoria, BC V8W 9S1

I, _____ of _____
NAME OF INDIVIDUAL ADDRESS

_____ give consent for Community Living BC to
CITY/TOWN POSTAL CODE

release the following information about me:

To:

_____ () _____
NAME OF AGENCY PHONE NUMBER

_____ ADDRESS _____ CITY/TOWN _____ POSTAL CODE

This information will only be used to: _____

SIGNATURE OF INDIVIDUAL DATED

OR

*The following 'Testament' should be taken from a person **supporting/acting** for the individual:*

I, _____ have shared this notification and how the information that CLBC is releasing may be used with _____ who has communicated understand/acknowledgement.

SIGNATURE OF PERSON ACTING FOR THE INDIVIDUAL DATED (YYYY/MM/DD)

ADDRESS OF PERSON ACTING FOR THE INDIVIDUAL

CITY/TOWN POSTAL CODE

This consent is: one time only or one year.