Deer Lodge Centre (DLC) 2109 Portage Ave. Winnipeg, MB R3J 0L3 Tel. (204) 831-3430 Fax (204) 885-2524

Assistive Technology



PRODUCTS AND SERVICES

Communication Devices Program Consent Form

Na	ame:								PHIN:		
Co	onsen	t for Excha	nge of Information	on:							
	•				formatio	on Act (Pl	HIA), t	he Province	of Manitoba, r	eferring agencies and	
		 Under Section 22(2)(a) of the Personal Health Information Act (PHIA), the Province of Manitoba, referring agencies a other services may exchange information without consent for the purpose of assessment, treatment and further refer 									
	•			f PHIA, information r							
	•										
	•	Other pers	on(s) not authorize	ed under the Act and he individual or the a	d who w	ish to rec	eive ii	ntormation o	or copies of a re	eport are required to	
	•			als when providing o						r instance: school	
	•		aff, day program m		onsen	IOI EXCIT	inge c	n inionnatio	ii oi reports, io	i ilistatice, scribbi	
	•			ct, court order, and/c	r imme	diate thre	at or h	narm to self	or others, disc	osure of such	
			is required by lav								
Th		following list of individuals are those with whom I unde									
	N	lame	Title/Relation	Agency/Facility		Mailing	Addr	ess	Phone #	eMail	
	ent to be Contacted for the Following Purposes:					_		.			
ıse	nt to	be Contact	ed for the Follow	ing Purposes:		Conse	nt for	r Photograp	oh and Video I	<u>Recording</u> :	
ncc	asion	the CDP m	av wish to contact	you. We ask that		On oc	casion	the CDP m	av wish to use	photos and/or video	
			ence for the followi							our preference for the	
) ou. p.o.o.		9 0		followi			, ,		
S	NO						•				
			nd/or Questionnaire	S		YES	NO				
		Newsletter(s)						Photographs:			
		Media Relations Requests (TV, Radio, Print, Online)			e)				ational Materia		
		Research Studies:						Publications (newsletter, research)			
		Provide information to you						Other:			
		Recruitment or opportunities to participate in						Videos:			
		research						Educational Materials Publications (newsletter, research)			
		Other:					-		ations (newslet	ter, research)	
								Other:			
Name of Client (print)							ire			Date (dd/mmm/yy	
		sion Maker	,	Relations	hip	O.g. late				_ ato (aa,,))	
					•						
Na	ame o	f Witness 1	(print)	Relationship/Posit	ion	Signatu	re			Date (dd/mmm/yy	
Name of Witness 2 (print) Relationship/Position						Signature Date (dd/mmm/yyyy					

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Winnipeg Regional Office régional de la Health Authority santé de Winnipeg

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