

**Youth Housing Support program**  
**Consent to Obtain and Release Information – Natural Supports**

I/We \_\_\_\_\_

(Name of Client or Substitute Decision Maker)

Hereby give consent to the Oxford County Community Health Centre to obtain and release information with the following individuals:

1. \_\_\_\_\_ Relationship: \_\_\_\_\_
2. \_\_\_\_\_ Relationship: \_\_\_\_\_
3. \_\_\_\_\_ Relationship: \_\_\_\_\_
4. \_\_\_\_\_ Relationship: \_\_\_\_\_
5. \_\_\_\_\_ Relationship: \_\_\_\_\_
6. \_\_\_\_\_ Relationship: \_\_\_\_\_
7. \_\_\_\_\_ Relationship: \_\_\_\_\_

In respect of:

Child / Youth      Name: \_\_\_\_\_      Date of Birth: \_\_\_\_\_

For the purpose of (select at least one):

Service Coordination: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

Description of Information to be shared (select one):

Anything applicable

Specifically, the following: \_\_\_\_\_

This consent is valid:     for the duration of my involvement; or

until the following date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Client or SDM

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

Verbal consent provided  Date: \_\_\_\_\_

*Note: There are limits to this consent for release of information in the event the Youth Housing Support program needs to respond to the legislated requirements for the release of client information. These include but are not limited to: coroner's request, subpoena, search warrant, or court order.*