

Fleming College | PHIPA – Student Authorization for Release of Personal Health Information to Third Party Form

Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA), students can use this form to authorize Fleming College's Privacy Coordinator or Officer to release records containing personal information to a third party in accordance with your specific needs.

Fleming College will not release personal health information, except as required by law, without explicit written consent.

Authorizing Student:

Preferred Title (if any):		Last Name:	
First Name:		Middle Name:	
Address: (Street/Apt. No./P.O. Box/R.R.No.)		City/Town:	
Province:		Postal Code:	
Home phone #:	Business/Mobile Phone #:	Email address:	
Student ID #:			

IMPORTANT: The College is required to verify the identity of the authorizing student before providing access.

Third Party to Release Records to:

Preferred Title (if any):		Last Name:	
First Name:		Middle Name:	
Address: (Street/Apt. No./P.O. Box/R.R.No.)		City/Town:	
Province:		Postal Code:	
Home phone #:	Business/Mobile Phone #:	Email address:	
Organization / Role and or Relationship:			
Send Records to Third Party via →	<input type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Other _____ <i>Please describe</i>

Description of Personal Information to be Released

→ Be specific (i.e. identify type(s) of record(s) being requested and the department of custody if known).	
→ Incomplete or vague requests will be returned to authorizing individual for completion.	
→ If you require assistance contact freedomofinformation@flamingcollege.ca .	
Records to be Released (section must be completed, be specific)	Department of Custody (if known)

This authorization for release of personal information will remain in effect at Fleming College for three (3) months from the date of signature on this release form. If this form is completed outside of Fleming College, proof of government issued photo ID (for the student) must accompany the form. By my signature, I hereby consent the Privacy Coordinator or Officer of Fleming College to the release my personal information in accordance with the specifications detailed on this consent form.

_____/_____/_____
 Name Printed / Signature / Date

Send completed form to:

Attention: Privacy Coordinator
President's Office, Fleming College
599 Brealey Drive, Peterborough ON
K9J 7B1

freedomofinformation@flemingcollege.ca

Questions:

Contact freedomofinformation@flemingcollege.ca

Fleming College protects your privacy and your personal information. The personal information requested on this form is collected in accordance with the Personal Health Information Protection Act, 2004 (PHIPA)

The information provided on this form will be used for the purpose of responding to a request for information by a third party. Exceptions for release of information as described under PHIPA may apply, and if applicable, will be communicated by the Privacy Coordinator or Officer.

Please direct any questions about this collection to the Privacy Coordinator or Officer at Fleming College, 599 Brealey Drive Peterborough ON K9J 7B1, freedomofinformation@flemingcollege.ca.

For Fleming College's Use Only:

Date Received: / / (yyyy/mm/dd)	File Number:	Comments:
Date Expired: / / (yyyy/mm/dd)		