

CONSENT TO RELEASE INFORMATION

I, _____, HERE BY AUTHORIZE YOU, Ellement to disclose to my Business Manager/Job Steward, the health information and records in your custody:

- (a) relating to my [specify illness or injury _____]; and
(b) relating to the time period from _____ to _____ .

You may comply with this Consent to Release Information by issuing copies of the information indicated above to my Business Manager/Job Steward by ordinary mail or fax.

I CONFIRM that my Business Manager/Job Steward have made me aware of the reasons for which this Consent to Release Information is required, and the risks and benefits to me of providing or refusing to provide this Consent to Release Information.

This Consent to Release Information shall be effective from and shall continue to be in effect until revoked by me. I understand that this Consent to Release Information may be revoked by me at any time.

ANY PREVIOUS CONSENT, ORDER, AUTHORITY OR PERMISSION to give health information to any other individual, corporation or organization is hereby revoked and cancelled.

Dated at the City of _____, in the Province of _____, this Day of _____, 20____.

WITNESS

NAME

SIN

TRUST FUND