CONSENT TO RELEASE INFORMATION		
I,, HERE If Group to disclose to my Business Manager/Job Syour custody:	BY AUTHORIZE YOU, Ellement Consulting Steward, the health information and records in	
(a) relating to my [specify illness or injury(b) relating to the time period from]; and to	
You may comply with this Consent to Release Ir indicated above to my Business Manager/Job Stew	· · · · · · · · · · · · · · · · · · ·	
I CONFIRM that my Business Manager/Job which this Consent to Release Information is required or refusing to provide this Consent to Release Information	•	
This Consent to Release Information shall be until revoked by me. I understand that this Consen at any time.	e effective from and shall continue to be in effect to Release Information may be revoked by me	
ANY PREVIOUS CONSENT, ORDER, A information to any other individual, corporation or or	UTHORITY OR PERMISSION to give health rganization is hereby revoked and cancelled.	
Dated at the City of, in the F	Province of, this Day of	
WITNESS	NAME	
	SIN	
	TRUST FUND	

