



CONSENT TO DISCLOSE INDIVIDUALLY IDENTIFYING INFORMATION

Client Name: _____ **Date of Birth:** _____

I give permission to the employees of the AHS Health Care Unit-Calgary Remand Centre and the AHS Corrections Transition Team to contact the following individuals, and to disclose the following information about me.

Contact	
Names of Individuals:	
• Jennifer Berard	• Donna Dupuis
Name of Organization: Calgary Drug Treatment Court Society	
Title/Relationship: Screening/Clinical Assessment Team	
Address: #604, 620 – 7 th Ave. SW / Calgary, Alberta / T2P 0Y8	
Phone: Jennifer Berard (403) 827-2529 Donna Dupuis (403) 613-1424	Fax: (403) 476-4701

Purpose
The information I have consented to be disclosed shall only be used to assess my eligibility and suitability for entry to the Calgary Drug Treatment Court, and if applicable, to support treatment planning for my entry to the Calgary Drug Treatment Court.

Consent – Disclosure (To disclose verbally or in writing)
Please check the following information to be disclosed.
X Information and Assessment regarding my Physical Health, Mental Health, Behavioural Health
X Treatment Plan X Progress X Needs X Recommendations
X Medication Needs X Prescribed Medications
<input type="checkbox"/> Other – Please Describe:
I understand why I have been asked to disclose my individually identifying information and am aware of the risks or benefits of consenting, or refusing to consent, to the disclosure of my individually identifying information. I consent to the disclosure of my information to the above Contact.
Client Signature: _____
Witness Signature/Printed Name: _____
Date Signed/Effective: _____ (mm/dd/yyyy)
This consent will expire 3 months following the date of signing this release.

Cancel Consent:

I, _____ cancel this permission to disclose my information. I understand that some action may have been taken prior to this cancellation.

Client Signature: _____

Witness Signature/Printed Name: _____

Date Signed/Effective: _____

A fax, scanned copy to email, or photocopy of this document shall be valid as original.