



CONSENT TO RELEASE OF INFORMATION FOR PROOF OF VACCINATION CREDENTIALS

This form is to be completed by individuals consenting to the collection, use and disclosure of their personal health information held by the Department of Health and Social Services to another individual for the purpose of requesting a Proof of Vaccination Credential on their behalf.

Section 1: About you (individual for whom records are being requested)		
First name	Last name	Date of birth YYYY/MM/DD
Address		
Section 2: Contact information of the individual being given consent		
First name	Last name	
Phone	Email	
Address		
Section 3: Declaration and signature of individual for whom records are being requested		
<p>I declare that my consent to the release of my Proof of Vaccination Credential to the individual identified in Section 2 has been given voluntarily.</p> <p>I understand that the Proof of Vaccination Credential includes the following information:</p> <ul style="list-style-type: none">• my full name and date of birth;• the credential's unique identifier number;• the vaccine product name (for example, Pfizer or Moderna);• the date I got my vaccinations;• the vaccine lot number, territory or province the vaccine was delivered in; and• the date the vaccine credential was issued. <p>I understand I may withdraw or limit my consent at any time by contacting pvc@yukon.ca and that without my consent the personal health information can be collected, used or disclosed only in accordance with the <i>Health Information and Privacy Management Act</i>.</p>		
Signature	Print name	Date YYYY/MM/DD
Unless previously revoked by me, this consent to the release of the information specified above expires on YYYY/MM/DD		
Section 4: Signature of witness		
Signature	Print name	Date YYYY/MM/DD

Information contained in this form is collected, used and disclosed in accordance with Yukon's *Health Information Privacy and Management Act* and other applicable laws. A written statement of Health and Social Services information practices can be viewed at www.yukon.ca/healthprivacy or by contacting the department's Privacy Officer at healthprivacy@yukon.ca.