



HEALTH AND SOCIAL SERVICES
DECLARATION OF PARENTAL OR GUARDIANSHIP STATUS

This form is to be completed by individuals declaring their authority as parent or guardian for the purpose of submitting an access to information request under the *Health Information Privacy and Management Act* on behalf of a minor in their custody.

Section 1: Individual for whom records are being requested (the ‘Minor’)		
Full name of individual whose information is sought		Date of birth YYYY / MM / DD
Section 2: Parent/Guardian information		
Full name of Parent/Guardian		
Residential address		Territory/Province
Relationship to the Minor <input type="checkbox"/> Guardian with custody of the Minor <input type="checkbox"/> Parent with custody of the Minor		
Court Order (if applicable). Attach the court order to this form.		Date YYYY / MM / DD
Section 3: Minor’s Capacity to Consent		
In my opinion, the Minor is able to understand the information that is relevant to deciding whether to consent to the disclosure of the requested information to me, and is able to appreciate the reasonably foreseeable consequences of giving, refusing, withholding or withdrawing this consent.		
<input type="checkbox"/> Yes (attach the “Consent to Release Information to a Parent or Guardian” form) <input type="checkbox"/> No (specify rationale for Minor’s inability to consent below)		
Specify rationale:		
Section 4: Declaration		
I declare that the information provided above is accurate and complete.		
<input type="checkbox"/> I understand that section 121(1)(c) of the <i>Health Information Privacy and Management Act</i> provides that a person who knowingly makes a false assertion to the effect that the person is entitled to consent on behalf of another individual is guilty of an offence and on conviction is liable to a fine of up to \$25,000.		
Signature of declarant	Printed name of declarant	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 viewed at www.yukon.ca/healthprivacy or by contacting the department’s Privacy Officer at healthprivacy@yukon.ca.