



MINOR'S CONSENT TO RELEASE PERSONAL HEALTH INFORMATION TO A PARENT OR GUARDIAN

This form is to be completed by minors consenting to the disclosure, via the accompanying HIPMA access to information request, of their personal health information held by the Department of Health and Social Services to their parent or guardian.

Section 1: About you (minor for whom records are being requested)		
First name	Last name	Date of birth YYYY/MM/DD
Address		
Section 2: Contact information of the parent or guardian being given consent		
First name	Last name	
Phone	Email	
Address		
Section 3: Declaration and signature of minor for whom records are being requested		
This consent is limited to the disclosure of my personal health information that is described in the attached HIPMA access to information request, dated <u>YYYY/MM/DD</u> .		
I hereby affirm that (please check all boxes):		
<input type="checkbox"/> This consent has been given voluntarily;		
<input type="checkbox"/> I understand the information that is relevant to deciding whether to consent to the Department of Health and Social Services disclosing the requested information to my parent or guardian named above; and		
<input type="checkbox"/> I am able to appreciate the reasonably foreseeable consequences of giving, refusing, withholding or withdrawing this consent.		
I understand I may withdraw or limit my consent at any time by contacting healthaccess@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> and the regulations.		
Signature	Print name	Date 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.