

THIRD PARTY REQUEST AND CONSENT FOR RELEASE OF PERSONAL INFORMATION
for Representatives of an Individual who is incapable of giving his/her own consent

Personal information collected on this form will be used to respond to your request.

Identity and Contact Information

| | |
|---|---|
| Your Name: | Your Telephone No.: () |
| Your Address: | Your Relationship to the Individual: |
| Your authority to receive personal information about the individual <i>(check one)</i> <input type="checkbox"/> Court Order <i>(please attach proof)</i> <input type="checkbox"/> Executor of Estate <i>(please attach proof)</i> <input type="checkbox"/> Power of Attorney <i>(please attach proof)</i> <input type="checkbox"/> Other <i>(please specify)</i> _____ | |

Details of Requested Information

| | |
|--|--|
| Name of individual about whom information is requested: | Individual's date of birth: <i>(YYYY-MM-DD)</i> |
| Description of information requested – please be as detailed as possible: | |

Recipient of Requested Information

Please provide the name of the individual you want to receive the information. (e.g. you, your physician, etc.) If you are the recipient, please indicate this.

Please provide the email address, fax number or mailing address for the individual you want to receive the information. If you are the recipient, please provide the email, fax or mailing address to which you want the information sent.

PLEASE INCLUDE A COPY OF 1 PIECE OF YOUR SIGNED IDENTIFICATION* (FRONT AND BACK) WITH THIS FORM.

For questions about the disclosure of personal information please contact the Canadian Blood Services Access to Information Office at (613) 739-2483, toll-free 1-877-262-9191, or by email at ati@blood.ca.

Should you choose to submit the Request and Consent for Release of Personal Information form electronically and/or choose to have Canadian Blood Services provide personal information to you or a third party electronically, you understand that Canadian Blood Services assumes no responsibility for the security of the personal information during transmission.

I consent, on behalf of the Individual named above, to the disclosure of personal information referred to in this form. I represent that I have full legal authority to request the personal information referred to above and understand that Canadian Blood Services is not responsible for any subsequent unauthorized disclosures by the recipient.

Your Signature: _____ **Date:** _____
(YYYY-MM-DD)

Please return this form by fax to (613) 739-2586, by email to ati@blood.ca, or by mail to: Access to Information, Canadian Blood Services, 1800 Alta Vista Drive, Ottawa, ON, K1G 4J5