



NORTHWEST OLDER ADULT COMPLEX CASE COLLABORATIVE

For the purposes of planning, providing, and / or coordinating services, I, _____ (client/authorized representative), consent that the following agencies/ organization may collect, use, and disclose only relevant personal information among themselves about _____ (client name). This applies to both verbal and written/recorded information.

The Case Collaborative Team can include the following representatives:

- Calgary Foothills PCN
- Calgary Foothills PCN Member Physicians
- AHS Home Care
- AHS Volunteer Services
- AHS Geriatric Mental Health
- CARYA
- BowWest Community Resource Centre
- Family member
- Calgary Police Service
- Other:

LIMITATIONS TO CONSENT:

CONSENT FORM FOR OLDER ADULTS

Authorization

I understand the professionals/organizations involved are required to protect my personal information; and use and disclose it only with my consent or as permitted/required by law including the HIA, PIPA, FOIP. Personal information that is collected, used, and /or disclosed among the professionals involved will be maintained and kept confidential by each professional in accordance with privacy laws, and their organization’s standards and regulations.

I understand there is a legal obligation on the professionals/organization involved to report certain information (i.e.: abuse, information about imminent harm to self and others, etc.) and that such information cannot be held in confidence.

I understand that I may revoke this consent at any time and that revoking my consent will not affect any action already taken by professionals/organizations or recipients of the personal information, before they received written notice of my revocation, or affect future service.

Individual or Authorized Representative	Witness	Date
This consent is effective until (limit one year)	Name of Organization	Organization representative