UNIVERSITY HEALTH SERVICES
Student and Enrolment Services
MacEwan Student Centre, Room 370
Telephone: (403) 210-9355 / Fax (403) 282-5218
ucalgary.ca/wellness-services

CONSENT TO RELEASE AND DISCLOSE PERSONAL INFORMATION WITHIN WELLNESS CENTRE

I ____ authorize Student Wellness Services to disclose the personal information listed

____
(Nature of Health Information)

____

to the service providers at the Wellness Centre including Health Services, Counselling, Massage Therapists, Chiropractors, and Nutritionists for the purpose of contact information for the period of 1 year for the purpose of:

____

____

Name in Full	Date of Birth
Student ID #	Address
Provincial Health Care # Province	Home Phone Cell Phone Business Phone

I acknowledge by signing below that I have read and understand the contents of this form:

Signature	Date	Valid Until

I acknowledge that I have been made aware of the reasons for the disclosure of the above information, and the risks and benefits associated with consenting to its release.
I understand that I may revoke my consent at any time, by providing a signed, written statement to that effect.