Ontario

Ministry of Health

Assistive Devices Program (ADP)
5700 Yonge Street, 7th Floor
Toronto ON M2M 4K5
Tel: 416 327-8804
Toll-Free: 1 800 268-6021
Fax: 416 327-8192

Release of Information About Previous Funding

Section 1 – Client's Biographical Information

Last Name	First Name	Middle Initial

Health Number (10 digits)	Version	Date of Birth (yyyy/mm/dd)

Address

Unit Number	Street Number	Street Name

Lot/Concession/Rural Route	City/Town	Province	Postal Code

Home Telephone Number	Device/Equipment/Supply Category

Section 2 – Authorization to Release Information

The Ministry of Health's (the Ministry) collection of the personal health information on this form is necessary for the purposes of assessing and verifying eligibility for the Assistive Devices Program, and for all other purposes related to the proper administration of that Program. This information may be used or disclosed in accordance with the *Personal Health Information Protection Act* 2004, as set out in the Ministry's "Statement of Information Practices" which is accessible at: www.health.gov.on.ca. For more information on the Ministry's Information Practices, or the collection of the personal health information on this form, call 1 800 268-6021 or 416 327-8804 or write to the Program Manager, 5700 Yonge Street, 7th Floor, Toronto ON M2M 4K5.

I, the undersigned, hereby authorize you to release all information concerning my previous access to the Assistive Devices Program for the device category stated above:

Client's Signature	Date (yyyy/mm/dd)

Section 3 – Requester's Information

If request is from a parent, legal agent, guardian or trustee, complete the information below:

Last Name	First Name

Address

Unit Number	Street Number	Street Name

Lot/Concession/Rural Route	City/Town	Province	Postal Code

Home Telephone Number	Fax Number	Relationship of signee to client

Section 4 – Release to Third Party

I authorize the Assistive Devices Program to release the information to:

Name of Third Party

Last Name	First Name

Address

Unit Number	Street Number	Street Name

Lot/Concession/Rural Route	City/Town	Province	Postal Code

Home Telephone Number	Fax Number	If a vendor or authorizer, provide registration number

Client's Signature	Date (yyyy/mm/dd)

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