

**ATTACHMENT 4**



**AUTHORIZATION FOR RELEASE OF INFORMATION**

I \_\_\_\_\_ authorize staff of the Employment and Income Assistance Program, to disclose to Community Unemployed Help Centre any personal information and/or personal health information, in compliance with *The Freedom of Information and Protection of Privacy Act* and *The Personal Health Information Act*. I understand that Community Unemployed Help Centre may require this information in order to assist me with questions or concerns regarding the Employment and Income Assistance Program, decisions and/or appeals to the Social Services Appeal Board.

The information disclosed will only be used for the purpose of clarifying any questions or concerns regarding Employment and Income Assistance Program decisions and/or for the appeal process as described below:

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I understand consents that I have given will last 4 years. I understand if I do not disclose this information, Community Unemployed Help Centre may be unable to assist me. Should I wish to withdraw or amend this consent to release information I may do so by submitting a written request addressed to my Employment and Income Assistance worker.

_____ Name (Print)	_____ Signature	_____ Date
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