

**Section 1 – Client's Biographical Information**

Last Name		First Name		Middle Initial
Health Number (10 digits)		Version	Date of Birth (yyyy/mm/dd)	
<b>Address</b>				
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 and Long-Term Care'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](http://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, 7<sup>th</sup> 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)
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**Section 3 – Requester's Information**

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

Last Name		First Name		
<b>Address</b>				
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		
<b>Address</b>				
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)