Six Nations Health Services
P.O. Box 5000
Ohsweken, Ontario
Canada N0A 1M0
Tel: 519-445-2418
Fax: 519-445-0368
Website: www.snhs.ca

Ambulance
519-445-4000

Dental Services
519-445-2221

Early Childhood Development
519-445-0339

Family Health Team
519-445-4019
- Primary Health Care

Health Administration
519-445-2418
- Clinic Nurse
- Medical Receptionist
- Medical Transportation
- Public Health Receptionist
- School Nurse
- Sexual Health Nurse

Health Promotion & Nutrition Services
519-445-2809
- Activity Program
- Diabetes Education
- Healthy Lifestyles
- Nutrition Counselling

Healthy Babies/ Healthy Children
519-445-1346

Iroquois Lodge
519-445-2224

Long Term Care
519-445-0077
- Adult Day Care
- Community Support Services
- Home & Community Care
- Jay Silverheels Complex
- Personal Support Services
- Professional Services

Mental Health Team
519-445-2143
- Case Management
- Early Intervention in Psychosis
- Mental Health Educator
- Psychiatric Consultation
- Rehabilitation Services
- Release from Custody
- Supportive Housing

New Directions Group
519-445-2947
- Addiction Counselling
- Addiction Outreach Worker
- Animal Control
- Community Health Rep.

Share-AP
519-445-2226

Six Nations Maternal & Child Centre
519-445-4922
- Aboriginal Midwives
- Breastfeeding Coordinator
- Children's Health Services
- FASD Coordinator

CONSENT TO RELEASE INFORMATION

CLIENT INFORMATION

Client's Name: _____ Date of Birth: _____

Address: _____

Pursuant to the *Personal Health Information Protection Act, 2004* (PHIPA)

I the undersigned authorize: SNHS Child and Youth Health - Jordan's Principle to
Print name of Health Information Custodial/Facility

Release Personal Health Information to:

Indigenous Services Canada - Jordan's Principle
Print Name and address of person/facility requesting the information

2720 Riverside Dr.	Ottawa	K1A 0K9
Address	City	Postal Code

PURPOSE OF DISCLOSURE

◉ *HEALTHCARE* ○ *LEGAL PRECEEDING* ○ *INSURANCE*

○ *OTHER* ~~Jordan's Principle~~

The Personal Health Information I authorize to be released:

- ○ *Consultation Notes:* _____
- ○ *Discharge Summary:* _____
- ◉ *Information Relating to:* Jordan's Principle Application
- ○ *Other:* _____

I understand that I can refuse to sign this consent form or later withdraw my consent.

This release will be effective for **1 year** from the date it is signed.

*** IF THE PERSON SIGNING IS NOT THE CLIENT, STATE RELATIONSHIP AND AUTHORITY TO DO SO**

_____	_____	_____
Signature	Print Name	* Relationship
_____	_____	_____
Witness Signature	Print Name	Date