

# Counselling Centre Consent Form

The Counselling Centre wishes to provide you with services that meet your needs. There may be times when the Counselling Centre will need to coordinate with other Centennial College departments in order to provide you with effective supports and services. This means that, with your consent, the Counselling Centre will collect and share your relevant personal health information with other Centennial College departments. Please read this consent form, select the department(s) you would like to include in your care, and sign below.

Please indicate who you would like to include in your care by initialling the appropriate boxes:

Initials	Department	Contact Person/Details
	Academic Faculty/Staff	
	Centre for Students with Disabilities	
	International Education	
	Residence	
	Student Relations	
	Safety and Security	
	Other	
	Other	

**I, the undersigned, freely give my authorization to the Centennial College Counselling Centre to collect and share my relevant personal health information with the above selected Centennial College departments for the purpose of providing me with health care. I understand that I may withdraw my consent at any time and I may request that certain personal health information not be obtained or shared.**

Student Name: \_\_\_\_\_  
(Please Print)

Student Signature: \_\_\_\_\_

Student Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mmm/dd/yyyy)

Today's Date: \_\_\_\_\_  
(mmm/dd/yyyy)

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_