BRITISH COLUMBIA | Ministry of Social Development and Social Innovation

MEDICAL RELEASE

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. The collection, use and disclosure of personal information is subject to the provisions of the Freedom of Information and Protection of Privacy Act. Any questions about this information should be directed to your local Employment and Assistance Office.

DATE (YYYY MMM DD)

Dear Sir or Madam:

I hereby authorize you to disclose to _____ ,
Family Maintenance Worker of the Family Maintenance Program, Ministry of Social Development and Social Innovation or to _____ ,
Barrister and Solicitor, any and all information contained in my medical records or hospital file, including diagnosis and prognosis.

Your truly,

CLIENT'S SIGNATURE

OFFICE ADDRESS STAMP