



## **AFRICAN COMMUNITY SERVICES OF PEEL**

### **Enhanced Youth Outreach Worker (EYOW) Program**

#### **Consent to Release Of Confidential Information- (One or Two Way Authorization)**

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This form authorizes the **release/mutual release** (circle one) and sharing of confidential information **to/between African Community Services of Peel (ACS) and;**

\_\_\_\_\_ (Print Name of Person or Organization)

I, \_\_\_\_\_ understand my rights to confidentiality when participating in the African Community Services Of Peel programs and hereby consent to the release/mutual release of information provided in my file to the following individuals and/or organizations.

Information released to:

Name(s) \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Email: \_\_\_\_\_

The purpose of disclosure is to facilitate participant's goal, referral to other agencies and/or support. I consent to the disclosure of the following types of information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This agreement is effective until program completion

**ACS's Participant**

**ACS Staff**

\_\_\_\_\_

\_\_\_\_\_

(Please print name)

(Please print name)

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

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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