Seneca

AUTHORIZATION TO RELEASE INFORMATION

Medical Device Reprocessing Program
Faculty of Continuing Education
1750 Finch Ave E., Toronto. Ontario M2J 2X5, (416) 491-5050

In accordance with the Freedom of Information and Protection of Individual Privacy Act, I hereby authorize:

- The Faculty of Continuing Education and Training to release information concerning my previous field placement to agencies in which I may be placed for field placement experience.
- The Faculty of Continuing Education and Training to release copies of my Health Record to agencies in which I may be placed for field placement experience.
- The Faculty of Continuing Education and Training to collect information concerning my field placement record from agencies in which I am placed for field placement.
- Agencies in which I am placed for field placement to disclose information concerning my field placement record to the Faculty of Continuing Education and Training.
- I understand that this authorization will remain in effect during my active enrolment in the Medical Device Reprocessing Field Placement course

Student Name:_____

Student Number: _____

Date: _____