



Centre for Students with Disabilities (CSD)

CONFIDENTIALITY & INFORMATION RELEASE

Last name	First name	Student number
Street number and name	City/Town	Postal code:
Main phone number OK to leave message? Y/N	Alternate phone number OK to leave message? Y/N	

Confidentiality and Protection of Privacy

I understand that as a student with a disability, I am protected from discrimination under the Canadian Charter of Rights and Freedoms and the Ontario Human Rights Code. Any information related to my disability will be treated as medical information and handled under strict rules of confidentiality. Information regarding my disability will only be released from the Centre for Students with Disabilities office to other parties with my written authorization and consent. I understand that the Centre for Students with Disabilities must release information without consent only when: child abuse is reported or suspected; sexual abuse by a regulated health care profession is reported; my records are subpoenaed by the courts; I report that I intend harm myself or someone else. I understand that my participation in this service is voluntary, and I that I may discontinue my involvement with the Centre for Students with Disabilities at any time.

I give permission to the Centre for Students with Disabilities to release information to the following:

Dean _____

Assistant Dean _____

Faculty _____

Parents/Guardians _____

Writing and Learning Centre _____

Health and Wellness Centre _____

Financial Aid & Awards _____

Other OCAD Administration/Staff _____

Other Professionals _____

Student Signature _____
Date