CONSENT TO RELEASE INFORMATION	
I,, HERE BY Group to disclose to my Business Manager/Job Stew your custody:	AUTHORIZE YOU, Ellement Consulting vard, the health information and records in
(a) relating to my [specify illness or injury(b) relating to the time period from	
You may comply with this Consent to Release Information by issuing copies of the information indicated above to my Business Manager/Job Steward by ordinary mail or fax.	
I CONFIRM that my Business Manager/Job Stew which this Consent to Release Information is required, a or refusing to provide this Consent to Release Information	and the risks and benefits to me of providing
This Consent to Release Information shall be effuntil revoked by me. I understand that this Consent to at any time.	
ANY PREVIOUS CONSENT, ORDER, AUThinformation to any other individual, corporation or organ	
Dated at the City of, in the Provi	nce of, this Day of
WITNESS	NAME
	SIN
	TRUST FUND



Toll free: 1-800-770-2998