

**Multiple Sclerosis Society of Canada
Release of Information Form**

TO WHOM IT MAY CONCERN

I, _____ hereby
(Print name)

give my permission to the Multiple Sclerosis Society of Canada to release Personal Information including Personal Health Information currently on file with the Multiple Sclerosis Society of Canada to

(name of authorized individual, organization or company)

I wish to place the following restrictions on the release of this information:

DATED AT _____, in the Province of _____
this _____ day of _____.

(Signature or mark)
(Address)

In addition, please indicate if representatives of the Multiple Sclerosis Society of Canada can identify themselves as a representative from the MS Society when contacting you and/or leaving information to initiate a return call.

I, _____, (print name) authorize and permit representatives of the Multiple Sclerosis Society of Canada to identify themselves as calling from the MS Society when returning my telephone calls or contacting me by telephone.

(Signature or mark)

The Multiple Sclerosis Society of Canada collects personal information about its clients to provide services, provide information about programs and meetings, and to compile anonymous statistical information. By completing this form, you acknowledge and consent to the collection and use by the MS Society of your personal information for these purposes. If you have any questions about your personal information or the MS Society's privacy policy, contact the National Privacy Officer at 1-866-922-6065 or priv@mssociety.ca or the appropriate Division Privacy Officer at 1-800-268-7582 or priv-atlantic@mssociety.ca; priv-quebec@scleroseenplaques.ca; priv-ontario@mssociety.ca; priv-manitoba@mssociety.ca; priv-sask@mssociety.ca; priv-alberta@mssociety.ca; priv-bc@mssociety.ca.