



FSIN

**INDIVIDUAL CONSENT FORM TO DISCLOSE
PERSONAL INFORMATION TO A DESIGNATED THIRD PARTY**

I, _____ hereby authorize the Federation of Sovereign Indigenous Nations (FSIN) to advocate on my behalf for the purposes of requests for information to the Federation of Sovereign Indigenous Nations (FSIN) under the Office of the Saskatchewan Information and Privacy Commissioner ('OIPC'): the Freedom of Information and Protection of Privacy Act, SS 1990-91, c F-22.01 ('FOIP'); the Local Authority Freedom of Information and Protection of Privacy Act, SS 1990-91, c. L-27.1 ('LAFOIP'); the Health Information Protection Act, SS 1999, c H-0.021 ('HIPA') and their associated regulations regulate and govern personal information held by government institutions and personal health information in the custody and control of trustees. The Office of the Privacy Commissioner of Canada ('OPC') the Privacy Act, RSC 1985, c P-21, and the Personal Information Protection and Electronic Documents Act, SC 2000, c 5 ('PIPEDA'). I understand such information includes but is not limited to needs, medical history, current involvement with service providers, and residency.

I further authorize the disclosure of my personal information pertaining to me be released through my request dated as of _____ (D/M/Y).

If I choose, for any reason, to revoke my consent to any provision described above, I may do so at any time by notifying the FSIN, either orally or in writing. I understand that this revocation is not retroactive but will be effective upon FSIN receiving the notification. This authorization is valid for two years from the date signed below.

Dated this _____ day of _____ in the City of _____, in the Province of _____.

Print Name:

Child(ren) name(s):

Child(ren) Date of Birth(s):

(First Name)

(Last Name)

Signature:

