

CONSENT FOR INFORMATION RELEASE



Candidate Name: _____

Candidate ID Number: _____

I, the undersigned, hereby authorize Maple Tree Cancer Alliance to release information concerning the above-named person to _____.

Specific type of information to be released:

- First and last name
- Email address
- Mailing address
- Phone number
- Club details, if employed by a sponsoring club
- Account username and password
- EOI Identification Number (MTCA ID#)
- Credit card data (for installment plans only)
- Purchase history
- Number of exam attempts
- Exam score(s)
- Continuing education courses logged into profile
- Copies of CEC certificates of completion
- Copies of CPR/AED certificates of completion
- Recertification notes and certificates

As the person signing this consent, I understand that I am giving my permission to the above-named provider or other named third party for disclosure of confidential health care records. These records may be released via fax machine, written correspondence, telephone, or in-person communication. I also understand that I have the right to revoke this consent, but that my revocation is not effective until delivered in writing to the person or agency who is in possession of my records. A copy of this consent and a notation concerning the persons or agencies to whom disclosure was made shall be included with my original records. The person or agency who receives the records to which this consent pertains may not redisclose them to anyone without my separate written consent unless such recipient is a provider who makes a disclosure permitted by law.

Candidate Signature: _____ **Date:** _____