

AUTHORIZATION

TO: The Retirement Homes Regulatory Authority
55 York Street, Suite 700
Toronto, ON M5J 1R7

RE: Complaint to the Retirement Homes Regulatory Authority

I, _____, hereby give permission for _____
[Name of Resident or Attorney/Guardian/Trustee] *[Name of Person Authorized]*

to communicate with the Retirement Homes Regulatory Authority on my behalf about a complaint concerning

[Name of Retirement Home]

and regarding _____
[Resident Name and Subject of Complaint]

I consent to the Retirement Homes Regulatory Authority releasing my personal information and personal

health information to _____ for the purpose of handling
[Name of Person Authorized]

a complaint under the Retirement Homes Act, 2010. I understand that I can revoke this consent at any time by contacting the Retirement Homes Regulatory Authority.

I confirm that this Authorization has been read to me in a language that I understand. A photocopy or faxed copy of the Authorization shall be as valid and binding as the original.

Dated this _____ day of _____, 20_____, at _____ in the Province of Ontario.
[Day] *[Month]* *[Year]* *[City/Town]*

Signature of Witness

Signature of Resident or Attorney/Guardian/Trustee

Print name of Witness _____

Print address of Witness _____
