

CONSENT FOR THE DISCLOSURE OF PERSONAL INFORMATION

The purpose of this statement is to document the terms and conditions of the sharing of certain private information between MTG Healthcare Academy and practicum placement agencies in compliance with the Protection of Information and Protection (PIPA) Act.

I, _____, allow MTG Healthcare Academy to disclose my personal information in relations to my Criminal Record Check to clinical agencies for the purpose of accommodating my placement. I further advise that I will notify MTG Healthcare Academy of any criminal charges or convictions that may arise during my enrollment and that this information may also be disclosed to the appropriate clinical agency. This consent is in effect for the duration of my enrollment in the Health Care Aide Program.

Our Locations

+ Calgary Campus

403 264 2009 | 403 992 7611
Fax: 587 352 2049

1324 36 Avenue NE
Calgary, Alberta | T2E 8S1

+ Red Deer Campus

403 264 2049 | 403 986 0684
Fax: 403 986 4815

4811 48 Street
Red Deer, Alberta | T4N 1S6

+ Edmonton Campus

780 863 8236
Fax: 780 434 8328


6920 Roper Road NW
Edmonton, Alberta | T6E 0A8


Student Name


Date


Student Signature

ID #

 mtghealthcare.com

 info@mtghealthcare.com

 MTG Healthcare Academy

 @mtghealthcareacademy