Trillium Gift of Life Network
157 Adelaide Street West, Suite 606
Toronto, Ontario M5H 4E7
Ph: 416-619-2342 or 1-888-977-3563 *(1-888-9PRELOD)*
Email: prelod@giftoflife.on.ca

Program for Reimbursing Expenses of Living Organ Donors - PRELOD

Consent to Sharing of Personal Information with Northern Health Travel Grant for the Purpose of Determining Eligibility for Reimbursement

All Northern Ontario residents applying for reimbursement of expenses incurred from living organ donation are expected to seek reimbursement through Northern Health Travel Grant (NHTG) (a branch of the Ministry of Health & Long-Term Care (MOHLTC)) prior to applying to the Program for Reimbursing Expenses of Living Organ Donors (PRELOD). Trillium Gift of Life Network (TGLN) will work with the Ministry of Health and Long-Term Care to coordinate reimbursement of eligible expenses through the NHTG and PRELOD. In order to facilitate coordination of reimbursement between PRELOD and NHTG and to determine the eligibility of each applicant, personal information about the applicant may be shared between TGLN and MOHLTC. Information shared will be limited to only the information necessary to facilitate the determination of eligibility for PRELOD and the coordination of reimbursement, and includes, but is not limited to: Name, Ontario health card number, and postal code.

I, _____, consent to the release of personal information that is required for the purpose of confirming eligibility for and coordinating reimbursement through the *Program for Reimbursing Expenses of Living Organ Donors*. I authorize Trillium Gift of Life Network to share information with the Ministry of Health and Long-term Care in order to coordinate reimbursement between PRELOD and NHTG. I understand that all information will be kept confidential except where law requires/permits the information to be shared.

I have reviewed and understand the information above and give consent as indicated on the form.

_____ _____ Dated: _____
Name (Please Print) Signature MM DD YYYY

Mailing Address: _____
NUMBER STREET APT. NO.

_____
CITY/TOWN PROVINCE POSTAL CODE COUNTRY

Phone Number: _____ Health Card #: _____