



# CONSENT TO PROVIDE MEDICAL VERIFICATION

I authorize \_\_\_\_\_ to complete the Medical Verification for an Emotional Support Animal  
*Mental Health Professional Name*

Accommodation form so the \_\_\_\_\_ Housing Authority can consider my request  
*Housing Authority Name*

for an emotional support animal.

I understand that:

- My mental health professional will not provide the housing authority with my diagnosis, diagnostic reports, consultative or operative reports, hospitalization records, or copies of any written assessments that have been completed.
- My mental health professional will provide me with the completed Medical Verification for an Emotional Support Animal Accommodation form to provide to the housing authority.
- The information collected on this form will be used by the housing authority only to make a decision regarding my request for an emotional support animal.
- The housing authority will handle my information as required by the *Freedom of Information and Protection of Privacy Act*, *The Health Information Protection Act*, and *The Archives and Public Records Management Act*.
- My information may be shared, on a confidential basis, with authorized personnel of the Saskatchewan Housing Corporation and their advisors, such as legal and medical professionals.

\_\_\_\_\_  
*Tenant Name (Print)*

\_\_\_\_\_  
*Date (MM/DD/YYYY)*

\_\_\_\_\_  
*Tenant Signature*