



PRIVACY WAIVER

The Saskatchewan College of Paramedics (SCoP) collects, uses and discloses personal information as reasonably necessary for the purposes of performing and fulfilling its responsibilities under *The Paramedics Act* and the *Bylaws*. SCoP stores and maintains personal information in conformity with the requirements of the *Personal Information Protection and Electronic Documents Act* (PIPEDA) and *The Health Information Protection Act* (HIPA).

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I, _____ (your name), grant permission to _____
(manager, coordinator, facilitator) of _____ (employer, agency) to have access to my file
and discuss it with the staff at SCoP for purposes of facilitating my licence renewal or changes to my license during
the coming year.

Signature _____

Date _____

Registry Number _____