Georgia Strait
WOMENS CLINIC

Voluntary Consent for Release of Information

Please Complete in Full

Client's Full Name: ______________________________

I, ______________________________ hereby authorize communication between:

Georgia Strait Women's Clinic
8107 Highway 101
Powell River, BC V8A 0S1
Tel: 866.487.9040
Fax: TBA

AND

Name: ______________________________
Organization: ______________________________
Relation to Client: ______________________________
Address: ______________________________
Phone: ______________ Fax: ______________
Email: ______________________________

To release information pertaining to:

- ☐ Psychiatric reports
- ☐ Medical reports
- ☐ My presence at GSWC
- ☐ Admission dates/discharge dates
- ☐ Progress reports/updates
- ☐ Assessments and clinical findings
- ☐ Recovery (treatment plan)/post care plan
- ☐ Continuing care recommendations
- ☐ Discharge summary
- ☐ Other (please specify): ______________

To obtain information pertaining to:

- ☐ Personal history
- ☐ Family history and social history
- ☐ Alcohol and/or chemical use history
- ☐ Mental health history
- ☐ Physical health history
- ☐ Reason for referral
- ☐ Other (please specify): ______________

☐ I have given my written consent to the above disclosures, and I understand it is to assist in my recovery.

☐ I DO NOT give any written consent to the above disclosures, and understand its purpose completely.

Continued on next page

I understand that the communication of the items above can be disclosed and/or obtained in the following manner:

Verbally In Writing By mail or fax In person

I understand that:

I can revoke consent at any time and in any event except to the extent that legal action has been taken in reliance on it.

Communication resulting from this authorization will reveal attendance at Georgia Strait Women's Clinic.

Client's signature ______________________ **Date** (mm/dd/yr) ______________

Witnessed by ______________________ **Date** (mm/dd/yr) ______________

This consent is valid for 12 months from the date of signing.