

**NEAR NORTH PALLIATIVE CARE NETWORK**

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## FAX Cover Sheet

<b>To:</b>	
<b>Organization:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>From:</b>	<b>Monica Do Coutto Monni</b>
<b>Organization:</b>	Near North Palliative Care Network
<b>Phone:</b>	705-497-9239
<b>Fax:</b>	705-497-1039
<b>Date:</b>	
<b>Pages including this cover page:</b>	2

Dear Doctor (*name*),

Please find the signed Consent to Disclose Health Information of your patient (*name*) with this Fax. At NNPCN, we offer Grief Support Sessions with trained volunteers. Our volunteers are not professional counselors. Please let us know if Grief Support Sessions with volunteer facilitators would be beneficial to you client at this point. Many thanks and wishing you a great day.

Kind Regards,

Monica Do Coutto Monni

**Near North Palliative Care Network, Executive Director**

[ed@nnpcn.com](mailto:ed@nnpcn.com)

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