NEAR NORTH PALLIATIVE CARE NETWORK
347 Sherbrooke Street, Suite 302, North Bay, Ontario, P1B 2C1
Phone: (705) 497-9239 1-800-287-9441 Fax: (705) 497-1039
E-mail: nnpcn@nnpcn.com Website: www.nnpcn.com

CLIENT CONSENT TO OBTAIN AND RELEASE INFORMATION

Name: _____ Date of Birth: _____
M/D/Y

Address: _____

I, _____ hereby authorize the Near North Palliative Care Network (N/PS) to **obtain** for their records, any information necessary for the care of _____ and to **release** this information to Near North Palliative Care Network (Nipissing/Parry Sound) team members and other service providers.

I am aware that I may cancel or amend this consent in writing at any time.

Dated this _____ day of _____, 20 _____

_____ _____
Witness ***Client***

Or

_____
Person Authorized to Sign
On Behalf of Client