



NEAR NORTH PALLIATIVE CARE NETWORK

2025 Main Street West, North Bay, ON, P1B 2X6

Phone: 705-497-9239 1-800-287-9441 Fax: 705-497-1039

Sturgeon Falls: 705-753-3110 ext. 339

E-mail: office@nnpcn.com

Website: www.nnpcn.com

Page 1 of 4

CONFIDENTIALITY AGREEMENT

I (your name), _____,

client of Bereavement and Grief Services at Near North Palliative Care Network, understand that information shared during sessions and/or phone calls with a Volunteer or staff of Near North Palliative Care Network must be kept confidential by both parts. I also understand that Volunteers and staff of Near North Palliative Care Network must disclose to the proper authorities and/or health professionals any information given by me that transpires the intention of killing self and/or someone else, destroying any kind of property, or doing any kind of illegal act that might cause harm to self and/or others.

Signature of Client: _____

Signature of NNPCN Volunteer: _____

Date: _____

Confidentiality. The information contained in this communication is private and confidential, intended only for the named recipient(s). If received in error, please notify the sender by telephone immediately and keep the information in a secure manner until further direction is given by the sender. Do not copy the information or disclose it to any other person.

© Near North Palliative Care Network 2012

06 Confidentiality, Consents and Workbook Forms (CLIENT-VOLUNTEER) - 1/11/2017



NEAR NORTH PALLIATIVE CARE NETWORK

2025 Main Street West, North Bay, ON, P1B 2X6

Phone: 705-497-9239 1-800-287-9441 Fax: 705-497-1039

Sturgeon Falls: 705-753-3110 ext. 339

E-mail: office@nnpcn.com

Website: www.nnpcn.com

Page 2 of 4

CONSENT TO DISCLOSE PERSONAL HEALTH INFORMATION

Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)

I (your name), _____,

authorize (title/full name of **your health care professional** / the health professional of the person you represent*)

_____ **to disclose:**

A) my personal health information consisting of (describe the personal health information to be disclosed)

_____; **or**

B) the personal health information of (full name of person you represent*)

_____ ,

consisting of (describe the personal health information to be disclosed)

_____ ,

to the member of the NNPCN designated below (full name of NNPCN Volunteer or Staff):

_____ .

I understand the purpose for disclosing this personal health information to the person noted above. I understand that I can refuse to sign this consent form.

My Name: _____

Address: _____

Phone Number (home): _____ (work): _____

Signature: _____

Witness for the NNPCN: _____

Address: 2025 Main Street West, North Bay ON Phone Number (work): 705-497-9239

Signature: _____

Date: _____

***Please note:** To represent someone else, you must be this person's substitute decision-maker, i.e. a person authorized under PHIPA to consent, on behalf of an individual, to disclose personal health information about the individual.

Confidentiality. The information contained in this communication is private and confidential, intended only for the named recipient(s). If received in error, please notify the sender by telephone immediately and keep the information in a secure manner until further direction is given by the sender. Do not copy the information or disclose it to any other person.

© Near North Palliative Care Network 2012

06 Confidentiality, Consents and Workbook Forms (CLIENT-VOLUNTEER) - 1/11/2017



NEAR NORTH PALLIATIVE CARE NETWORK

2025 Main Street West, North Bay, ON, P1B 2X6

Phone: 705-497-9239 1-800-287-9441 Fax: 705-497-1039

Sturgeon Falls: 705-753-3110 ext. 339

E-mail: office@nnpcn.com

Website: www.nnpcn.com

Page 3 of 4

Consent of Adult Parent / Legal Representative to Support Services to Under-Aged Client

I, _____ (full name), the undersigned adult parent / legal responsible of _____ (full name of under-aged client), born on _____ (date of birth of under-aged client), authorize the under-aged person named above to receive Bereavement and Grief Support Services from a Bereavement volunteer of Near North Palliative Care Network.

Date:

Signature:

Confidentiality. The information contained in this communication is private and confidential, intended only for the named recipient(s). If received in error, please notify the sender by telephone immediately and keep the information in a secure manner until further direction is given by the sender. Do not copy the information or disclose it to any other person.

© Near North Palliative Care Network 2012

06 Confidentiality, Consents and Workbook Forms (CLIENT-VOLUNTEER) - 1/11/2017



NEAR NORTH PALLIATIVE CARE NETWORK

2025 Main Street West, North Bay, ON, P1B 2X6

Phone: 705-497-9239 1-800-287-9441 Fax: 705-497-1039

Sturgeon Falls: 705-753-3110 ext. 339

E-mail: office@nnpcn.com

Website: www.nnpcn.com

Page 4 of 4

CLIENT'S WORKBOOK POLICY

I, _____ (full name), the undersigned, have received the Client's Workbook containing the Handouts of the Bereavement and Grief Support Sessions.

1. I am aware that I will keep the Workbook with me during the period I am attending Bereavement and Grief Sessions at Near North Palliative Care Network.

2. I agree to keep the Workbook in perfect condition.

3. I understand that this Workbook has a cost to the NNPCN.

4. In case I decide to keep the Workbook or if it gets damaged while in my possession, I agree to donate \$40 to the NNPCN so that the production of Workbooks can continue, and future clients can benefit from it.

Date: _____

Client's Signature: _____

Volunteer's Signature: _____

Confidentiality. The information contained in this communication is private and confidential, intended only for the named recipient(s). If received in error, please notify the sender by telephone immediately and keep the information in a secure manner until further direction is given by the sender. Do not copy the information or disclose it to any other person.

© Near North Palliative Care Network 2012

06 Confidentiality, Consents and Workbook Forms (CLIENT-VOLUNTEER) - 1/11/2017