

ALS Society of Saskatchewan
2430 8th Ave., Unit "C"
Regina, SK S4R 5E3
Phone: (306) 949-4100



CONSENT FOR RELEASE OF INFORMATION FOR THE ALS SOCIETY OF SASKATCHEWAN

I hereby authorize the ALS Society of Saskatchewan to release the information specified below regarding:

Client Name _____
Date of birth (yyyy/mm/dd)

Information to be Released (Please be as specific as possible):

ALS & related health Information: _____

Equipment requirements: _____

Other: _____

To whom Information may be released to (You may specify name & address of person and/or agency):

Health Care Professionals: _____

Equipment Providers: _____

Other: _____

I hereby release the ALS Society of Saskatchewan for any and all claims whatsoever which may arise as a result of this release of information. I understand that is consent may be revoked by me in writing at any time. I understand that the consent is valid until the expiry date below, if any, or until I revoke it in writing. A photocopy or facsimile shall be valid as the original.

Client / Representative:

Witness:

Printed Name

Printed Name

Signature

Signature

Date

Date