



Phone: 450-477-0503

Fax: 450-477-6088

Email: info@laforetverte.ca

Address: 1430 Montée Major, Terrebonne suite
100, J7M 2G3

To Centre de compassion Forêt Verte,

This has been designed to ensure that confidentiality is a respected right, and to make provisions for the exchange of relevant information between service workers.

Therefore, I _____ hereby request that my:

- ☐ Physicians statement and/ or prescription
- ☐ Confirmation of membership
- ☐ Confirmation of diagnosis
- ☐ Other:

Be released from _____ and forwarded to Centre de
compassion Forêt Verte

This consent is valid for one time only, and additional releases of Information will require my consent. The person/organization to whom my information is being released is prohibited from further sharing without my written authorization.

APPLICANT'S SIGNATURE _____

DATE SIGNED _____

PRINTED NAME _____

MEMBERSHIP NUMBER (if applicable) _____