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Request for Release of Information To the BC Compassion Club Society

This form 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:
(please print)

- Physician's Statement and /or prescription
- Confirmation of membership
- Confirmation of diagnosis
- Other _____

be released from _____

and forwarded to the British Columbia Compassion Club Society.

This consent is valid for one time only, any 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.

Patient's Name: _____

Signature: _____

Membership Number (if applicable): _____

Date: _____