fraserhealth

Acquired Brain Injury Services

201-9440 202 Street
Langley, BC V1M 4A6
Office:604-514-7430
Fax:604-528-5454

Client Authorization

Client's Name		Date of Birth (DD-MM-YY)
Address	City/ Province / Postal Code	Telephone
Next of kin or Caregiver	Telephone	Personal Health Care Number

Consent to Care

☐ I hereby consent to receive services from Fraser Health Acquired Brain Injury Services.

Authorization for the Collection, Use and Disclosure of Information

☐ I hereby consent for the Fraser Health Acquired Brain Injury Services to collect, use, and disclose personal information related to the above named client for the purposes of assessing eligibility, and provision of services with the following:

- Designated Family Member or Care Provider
- Contracted Service Providers (i.e. Community beds, day programs, community support services)
- Community Social Service Agencies (i.e. shelter services, Housing Outreach Services, etc.)
- Police and criminal justice agencies
- Other involved professionals and physicians
- Other: _____

I have read and understood this consent form. ☐ Yes ☐ No

_____ _____

*Signature of Client or Legally Authorized Representative Date (DD-MM-YY)

*In most cases, the client should sign this form. If another person signs, please attach a copy of the document assigning legal representation (this does not include Power of Attorney). Clients, or their legally authorized representatives, can revoke or alter this consent at any time and are encouraged to contact the Fraser Health Acquired Brain Injury Program if they wish to do so *.

This consent will expire 90 days after the client is discharged from the program.