

Permission to Release Personal Health Information

Christ Church Cathedral, Fredericton NB
Diocese of Fredericton Safe Church Regulation 4-4



Client Information

Client Name: _____

I authorize _____

to share information regarding my health and well being with:

Client signature: _____

DATED: _____

OR

When there is a Power of Attorney or other authorized substitute decision maker

Name (Please print): _____

Relationship: _____

Signature: _____

DATED: _____