

## Q'wemtsin Health Society

130 Chileotin Road Kamloops, BC V2H 1G3

## Client Consent for QHS Staff to Access Client Health Information from Interior Health

Patient Info	ormation (Pl	ease Print)						
Surname:		•	Legal First Name(s):					
Date of Birth (Day   Month   Year):		):	Gender:					
Mailing Address:			Personal Health Number (CareCard):					
City/Province: Postal Code:			,					
			Telephone Number (include area code):					
	TE THIS SECTION	IS OPTIONAL****						
Please circle:	First Nations	Inuit	Metis	Non Aboriginal				
Band Name:								
Status Number:								
Please Circle: Metis Citizenship	Circle: On Reserve Off Reserve Citizenship Number:							
I, the patient noted above, authorize Interior Health (IH) to release my health records held in the Interior Health Meditech system to the Health Professionals at this FNHSO.								
I, understand that this information is necessary to plan and implement a high quality of care, and that my information will be kept confidential and protected under the "Personal Information Protection Act."								
I, understand that I may withdraw my authorization at any time with written notice to the FNHSO Health Director at this site.								
Client Signature:			Date:					
Witnessed by: Signature: (Please Print)								
If the patient is unable to sign and/or authorize release, a family member or legal representative may sign.								
Name:	e: Relationship:							
Signature:		Date	:					
(Optional) E-Mail for MyHealthPortal sign up:								