



Sunrise Healing Lodge

1231 - 34th Avenue N.E., Calgary, AB T2E 6N4

(P) 403-261-7921 (F) 403-261-7945

Administration

(F) 403-269-5578 Client Admissions

(E) nasgeneral@nass.ca

CONSENT FOR RELEASE AND COLLECTION OF CONFIDENTIAL INFORMATION

I, _____, give permission to **Sunrise Healing Lodge** to contact:

PRINT NAME

TO/FROM (Please check only those that you have involvement with)	<input type="checkbox"/> Alberta Health Services <input type="checkbox"/> Calgary Drug Treatment Court <input type="checkbox"/> Calgary Probation and Community Corrections <input type="checkbox"/> Corrections Service Canada <input type="checkbox"/> Alberta Works <input type="checkbox"/> First Nation Inuit Health Branch (FNIHB), Medical Transport (NIHB) <input type="checkbox"/> Assured Income for the Severely Handicapped (AISH) <input type="checkbox"/> Child and Family Services/Mahmawi-Atoskiwin <input type="checkbox"/> Elizabeth Fry Society and John Howard Society <input type="checkbox"/> Oxford House <input type="checkbox"/> Other: _____
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WHAT INFORMATION	For the purposes of arranging funding for treatment, transportation to/from treatment, medical assessment for treatment, housing for pre-treatment, and status of criminal charges, probation or parole to assess appropriateness for treatment.
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CONSENT	I understand that provision of treatment services is not entirely dependent upon my decision to release information and that I may cancel this consent at any time. I also understand that some action may have been taken prior to cancellation. Client Signature: _____ Witness: _____ Date signed: ____/____/____ Permission will expire on ____/____/____/
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CANCEL	I, _____, cancel this permission. I understand that some action may have been taken prior to this cancellation. Client Signature: _____ Witness: _____ Date Signed: ____/____/____
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