



SEA TO SKY ALTERNATIVE HEALING SOCIETY
68 East 2nd Ave, VANCOUVER BC
PHONE (604)336-1449 FAX (604)336-1212

REQUEST FOR RELEASE OF INFORMATION
TO SEA TO SKY ALTERNATIVE HEALING 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:
(Patient's Name)

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

Be released from _____
And forwarded to Sea to Sky. Fax: (604)336-1212 or Email: info@seatosky604.com

This is ROI is intended for those seeking membership at SEA TO SKY ALTERNATIVE HEALING SOCIETY.

This consent is valid for one time only, and 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: _____