



The Behavioural Health Foundation Inc.

Box 250, 35 ave de la Digue, St. Norbert, MB R3V 1L6

CONSENT FOR THE RELEASE OF INFORMATION

I, _____ hereby give my consent to the staff of the Behavioural Health Foundation (BHF) to release and obtain information, in written and verbal form, from and to my legal counsel, medical doctors, judges, crown prosecutors, and/or probation officers and institution staff for the purpose of determining my suitability for treatment, and reporting my treatment progress at the Behavioural Health Foundation.

My signature indicates the following:

1. I have read this consent and I understand and agree with its contents.
2. I have been informed that I may revoke this consent by written statement at any time.
3. This consent will expire within 24 hours of my bail application, if my bail is denied.
4. I understand that if I am released on a Bail Recognizance Order to BHF, this consent will expire 72 hours from my date of discharge from the BHF program.

Signature

Date

Obtained by (if relevant): _____

Addiction Treatment Services

Box 250, 35 ave de la Digue
St. Norbert, MB R3V 1L6
Phone: (204) 269-3430
Fax: (204) 269-8049

Breezy Point

Box 250, 35B ave de la Digue
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Phone: (204) 261-6111
Fax: (204) 275-2099

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These programs are accredited by CARF, the Commission on Accreditation of Rehabilitation Facilities