



The Behavioural Health Foundation Inc.

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

Covid-19 Health Precaution Requirements

Consent for Services

I, _____, understand that the Behavioural
(print name)

Health Foundation has special requirements in place to prevent the spread of COVID-19 to protect the staff and residents of the facilities. Special measures include health screening upon arrival for admission, daily health checks by BHF staff upon feeling sick, seeing health care professionals as directed and following their advice, going for COVID-19 testing, and isolation when sick and when waiting for COVID-19 testing and test results. I understand that I am required to provide evidence of COVID-19 test results to BHF staff immediately upon receiving notification.

By signing below, I acknowledge that I understand this information and I agree to these health measures. I also understand that any failure to follow staff directions pertaining to these health measures may result in discharge from the facilities.

Signed: _____ Date: _____

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 Women's Program
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Phone: (204) 261-6111
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