



## The Behavioural Health Foundation Inc.

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

[www.bhf.ca](http://www.bhf.ca)

[info@bhf.ca](mailto:info@bhf.ca)

### CONSENT FOR THE RELEASE OF INFORMATION

I, \_\_\_\_\_ hereby give my consent to the Behavioural Health Foundation to release information to Employment and Income Assistance, in written and verbal form, for funding purposes. Information to be released will include intake and discharge dates.

I hereby give Employment and Income Assistance my consent to release information in written and verbal form pertaining to my eligibility requirements to the Behavioural Health Foundation, for the purpose of funding.

My signature means that:

- I have read this consent and I understand and agree with its contents.
- I have been informed that I may revoke this consent by written statement at any time.
- This consent will expire 72 hours from my discharge from the program or upon final payment of EI&A funds owed to BHF.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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*Addiction Treatment Services*

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