



The Behavioural Health Foundation Inc.

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

www.bhf.ca

info@bhf.ca

CONSENT FOR ECHART MANITOBA ACCESS

I, _____ hereby give my consent to the Behavioural Health Foundation designated nurse to access and review information on eChart Manitoba while reviewing my eligibility to enter and as needed throughout my stay at BHF. I understand that the intent of access is to improve the quality and timeline of my health care while at BHF.

I understand that the following may be reviewed:

- Demographic information (name, address, date of birth, and PHIN number)
- Immunization records
- Prescriptions filled at community pharmacies
- Lab test results and diagnostic image reports
- Encounter information regarding hospital visits
- Emergency discharge summaries
- Other (please specify) _____

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 a written statement at any time.
- This consent will expire 72 hours from my discharge from the program.

(Signature)

(Date)

September 2023

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

www.bhf.ca

Breezy Point Women's Program
Box 250, 35B ave de la Digue
St. Norbert, MB R3V 1L6
Phone: (204) 261-6111
Fax: (204) 275-2099

info@bhf.ca

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