

CHAPERONE, SUPPORT PERSON + PERMISSIONS CONSENT FORM

I, (patient name) _____ consent to the sharing of confidential information by MyHealth Centre related to my health and healthcare services provided in the presence of my chaperone/support person/permitted individual.

I, (chaperone/support person/permitted individual name) _____, consent to safeguarding the confidentiality of the information shared.

Patient Name Patient Signature (mm/dd/yyyy)

Chaperone/Support Person Signature (mm/dd/yyyy)

Employee Name Employee Signature (mm/dd/yyyy)