

Consent Form (For Clients and Support Persons)

I _____ consent to the sharing of confidential information by
(Client Name)
MyHealth Centres Inc., related to my health and healthcare services provided in presence of my support
person

(Client Signature)

(Date)

My support person, _____, consents to safeguarding the
confidentiality of the information shared.

I undertake to safeguard the confidentiality of the information shared by MyHealth Centres Inc. and
_____, for whom I am a support person.
(Client Name)

I have been advised of any and all risks that may occur, during my presence as a support person, and as a
result, I consent to my presence during the procedure and/or test performed.

(Support Person Signature)

(Date)

(TO BE FILLED OUT BY MYHEALTH CENTRES EMPLOYEE ONLY)

(Employee name)

(Employee Signature)

(Date)