



Madawaska Valley

Hospice Palliative Care

Individual Compassionate Support at Every Step

7 St Francis Memorial Dr.
Box 129 Barry's Bay, ON K0J 1B0
Phone 613-756-3045 ext.350
Fax 613-756-0106
mvhospice@sfmhosp.com

Request for Services/Client Consent

Date: _____

I _____ request assistance from MVHPC for:

Name of person receiving MVHPC Services: _____

Clinical Consultation Date visited: _____

Trained volunteers for respite and support Date initiated: _____

Lending Library

By signing below, I agree to allow MVHPC to keep personal and health information and I understand and give permission for the sharing of information between Madawaska Valley Hospice Palliative Care (MVHPC) staff, volunteers and other members of my health team which may include other agencies, health professionals and others involved in my support as necessary to provide service. Confidentiality and privacy will always be maintained. MV Hospice Palliative Care provides all services at "No Charge" to residents of Renfrew County.

HEALTH CARD # _____ **Initials** _____

By signing this form I confirm that this consent has been explained to me in terms I understand and I can call MVHPC if I have concerns or questions about the services being provided and I may withdraw or change this consent at any time by contacting MVHPC.

Street and Mailing Address: _____

Telephone # : _____ Cell phone # : _____

Diagnosis: _____ Date of Birth: _____

Client / Family Signature: _____

Witness: _____ Referral Source: _____