

## **Request for Release of Information**

The Canadian Safe Cannabis Society

This form has been designed to ensure that confidentiality is a respected right, and to make provisions for the exchange of relevant information between service workers.

Therefore, I, \_\_\_\_\_ hereby request  
that my: \_\_\_\_\_ (please print)

- Physician's Statement and /or prescription
- Confirmation of membership
- Confirmation of diagnosis
- Other \_\_\_\_\_

be released from \_\_\_\_\_

and forwarded to The Canadian Safe Cannabis Society.

This consent is valid for one time only, any additional releases of information will require my consent. The person/organization to whom my information is being released is prohibited from further sharing without my written authorization.

Patient's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Membership Number (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_