

## CONSENT FORM

**DATE:**

**NAME:**

**Welcome to the Lymphedema Association of Ontario.**

**This consent form will be maintained confidentially in your file. This form covers the application for your present condition, as well as any documents attached.**

**Please take the time to read and check if fully understood.**

### **CONSENT TO THE COLLECTION OF INFORMATION**

**All personal information, assessment information and records will be safeguarded and remain confidential. Any personal health information collected will remain confidential as per the Personal Health Information Protection Act, 2004.**

**I give my consent for the collection of personal information.**

**I \_\_\_\_\_ agree that the information I have provided is true to the best of my knowledge.**

**I understand the information I have provided on this form is confidential and will not be released without my written permission.**

**I give my permission to share information if necessary, to**

**Doctor     other health care professionals**

**I do not give my permission**