

HAMILTON FAMILY HEALTH TEAM GROUPS

CONSENT FOR PARENT/CAREGIVER

Sometimes your parent/caregiver may wish to speak to us regarding appointments or referral to groups. We are only allowed to speak to them if we have your prior consent to do so. Your privacy is very important to us.

If you would like your parent/caregiver to speak to the HFHT regarding your referral, please sign and return this form by fax or mail. If you prefer to call us in person, you can call the Groups Line at 905-667-4852, but we do require you to call to give us consent, not your parent /caregiver.

I give permission to my ☐ Mom ☐ Dad ☐ Guardian (select one) to speak on my behalf regarding my referral. They are able to schedule appointments for me and also register me for groups.

Their first and last name is: _____

Signed by youth,

patName _____

Full Name

Signature

Dated: currentDate.short

If you change your mind about this in the future and wish to remove your parent/caregiver from being able to speak to the HFHT, you can let us know by calling 905-667-4852.