

ALS Society of Saskatchewan
2430 8th Ave., Unit "C"
Regina, SK S4R 5E3
Phone: (306) 949-4100



CONSENT FOR RELEASE OF INFORMATION

I, _____ hereby authorize the ALS Society of Saskatchewan to contact my insurance provider, _____ on my behalf.

I authorize my insurance provider and the ALS Society of Saskatchewan to exchange any necessary and relevant personal information about my health and insurance coverage with the sole purpose of assisting me to secure the insurance benefits to which I am entitled.

I understand that this consent may be revoked by me in writing at any time. I understand that the consent is valid until the expiry date below, if any, or until revoked it in writing. A photocopy or facsimile shall be as valid as the original.

Client Name (printed)

Witness Name (printed)

Client Signature

Witness Signature

Effective Date

Expiry Date (If Applicable)

******The ALS Society of Saskatchewan respects privacy and adheres to all legislative requirements with respect to protection of privacy. The ALS Society of Saskatchewan does not rent, sell or trade contact lists.***

Charitable business Number: #119139616RR0001