



**BRAIN INJURY SERVICES OF
NORTHERN ONTARIO**

for persons living with the effects of brain injury

CONSENT TO COMMUNICATE

I hereby authorize representatives of Brain Injury Service of Northern Ontario to communicate with the following persons:

This consent is valid until the _____ day of _____, 20_____.

Signature of Participant

Witness

Dated the _____ day of _____, 20_____.

Note: I have been advised of the nature and effect of this consent and provide consent voluntarily.