



**BRAIN INJURY SERVICES OF
NORTHERN ONTARIO**

for persons living with the effects of brain injury

**CONSENT TO THE DISCLOSURE,
TRANSMITTAL OR EXAMINATION OF A RECORD**
(compiled by BISNO)

I, _____
(print full name)

of _____
(address)

hereby consent to the disclosure or transmittal to or the examination

by _____
(print name of agency)

of the record or service compiled in

BRAIN INJURY SERVICES OF NORTHERN ONTARIO

in respect of _____
(name of client, date of birth)

for the purpose of (specify) _____

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

(Participant Signature)

(Witness)

Dated the _____ day of _____, 20_____

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