

Central Intake Referral Form

SCHEDULE A

The Royal respects the privacy laws in Ontario which require us to protect your privacy by protecting your personal information. We will ensure the confidentiality of any information you give or that is gathered about you during the course of your stay at The Royal. The Royal requires your consent to obtain past records from hospitals and/or mental health agencies in order to provide you with the highest quality of care.

I, _____, confirm that I understand my rights pertaining to the above. Consequently, I understand that I have the right to either accept or decline the disclosure listed below.

PLEASE CHECK ONE BOX

Disclosure of past reports from hospitals and/or mental health agencies:

Yes No

I agree to the referral to The Royal for services:

Yes No

I am signing my name below to confirm that I have read the above or it has been read to me, and I have had a chance to discuss it with a staff member.

Name: _____

Signature: _____ Date: DD / MM / YYYY

Staff Witness:

Name: _____

Signature: _____ Date: DD / MM / YYYY