



PROVINCIAL RESPIRATORY OUTREACH PROGRAM

MANDATORY CLIENT INFORMATION AND RELEASE FORM (PLEASE PRINT)

PERSONAL INFORMATION

Name of Applicant: _____
(First) (Last)

Date of Birth: _____ Sex: M: F: Date of Application: _____
M/D/Y M/D/Y

Name of Current Care Residence (if applicable): _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ (ext) _____ Fax: _____ Email: _____

Home Address if different from above:

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ (ext) _____ Fax: _____ Email: _____

CONTACT PERSONS

(i.e., A person who will assume responsibility for completion of forms, arranging appointments, etc. if client is unable to do this.)

Primary Contact:

Name: _____ Relationship to client: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ (ext) _____ Fax: _____ Email: _____

Alternate Contact:

Name: _____ Relationship to client: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ (ext) _____ Fax: _____ Email: _____

Form Completed by:

Client: Yes No Primary Contact: Yes No Alternate Contact: Yes No

If none of the above:

Name: _____ Relationship to client: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ (ext) _____ Fax: _____ Email: _____

PHYSICIAN INFORMATION

Referring Respirologist/Physician: _____

Phone: _____ (ext) _____ Fax: _____

Facility: _____ Phone: _____ (ext) Fax: _____

Address: _____

_____ Postal Code: _____

Family Physician: _____

Phone: _____ (ext) Fax: _____

Address: _____



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AUTHORIZATION TO ACCESS AND DISCLOSE INFORMATION

The BC Association for Individualized Technology and Supports for People with Disabilities (BCITS) works co-operatively with other agencies on behalf of the client and in the best interest of the client. In order to work effectively with these agencies, the BCITS representative will on occasion need to correspond, either in written or verbal form, with that agency only as it relates to the individuals' respiratory care.

I, _____, hereby authorize the BCITS and/or its representatives to release or obtain from such agencies, individuals, medical centres or hospitals as are concerned with my care, any and all pertinent information which may be necessary to assist in providing me with respiratory related services.

I also consent to:

- Visits by a BCITS representative (ie. Respiratory Therapist)
- A BCITS representative attending meetings, specifically regarding my care and/ or discharge planning
- A BCITS representative acting as a community resource
- Would like to be contacted by Peer Support Group
- Would not like to be contacted by Peer Support Group

I have been informed of all the reasonably foreseeable disclosures of information, including to third party payers such as insurance companies, and understand and agree that these disclosures are made by BCITS with my permission. When such disclosures are in writing, I will be sent a copy. This release is in effect only as long as my file remains open and active with the BCITS.

Any personal information received by The BC Association for Individualized Technology and Supports for People with Disabilities is protected under the BCITS Personal and Business Conduct Policy (1996) and the Freedom of Information and Protection Privacy Act.

SIGNATURE: _____ DATED THIS _____ DAY OF _____ 20____

CLIENT FIRST NAME: _____ LAST NAME: _____

THE FOLLOWING TO BE COMPLETED BY WITNESS IF ABOVE SIGNED WITH AN "X" OR BY CLIENT REPRESENTATIVE IF CONSENT IS MADE ON CLIENT'S BEHALF:

FIRST NAME: _____ LAST NAME: _____ PHONE : _____

SIGNATURE: _____ RELATIONSHIP TO CLIENT: _____ DATE: _____

The Importance of Membership

by Christine Gordon, BCITS Board Member



Even if you're not a "joiner", we urge BCITS clients to become members. Here's why.

- BCITS was developed as a consumer-driven organization because consumers told us they wanted PROP and TIL to be person-centered in all of our supports and services. We need PROP and TIL clients to be members, so we don't lose that vision.
- When we apply for grants to finance the programs and services that support you, potential funders look at the number of members as one important piece of evidence that BCITS is a member-driven, democratic organization.
- As a non-profit charitable society, BCITS is governed by its members. If you are not a member, you cannot participate at Annual General Meetings, be nominated for the Board of Directors or elect the members of the Board. This is equivalent to not voting in a general election!

You do not need to be a BCITS member to be our client. However, your membership is very important, so please become a member today.

Yes, I accept your invitation to join BCITS!

Home of Provincial Respiratory Outreach Program and Technology for Independent Living

Name: _____

Address: _____

City/Prov: _____ Postal Code: _____

Telephone: _____ Email: _____

Please check one:

Membership for registered BCITS Clients

Please mail completed form to BCITS. (The cost of postage constitutes your membership fee)

Non-Client Membership Fee

Please mail completed form along with \$20 annual membership fee payable to BCITS.

Please mail to:

BCITS, #103-366 East Kent Avenue South Vancouver, BC V5X 4N6.

Thank you for your support!