



ALS SOCIETY OF NOVA SCOTIA

3433 Dutch Village Rd
Unit # 3
Halifax NS
B3N 2S7



LEASE OF INFORMATION FOR THE ALS SOCIETY OF NOVA SCOTIA

Information contained in this form is true, correct and complete to the best of my knowledge. I authorize the ALS Society of NS to carry out necessary inquiries and obtain or release information from/to health care providers, equipment suppliers and community agencies, for the purpose of confirming or clarifying the information provided and for service delivery purposes.

I hereby release the ALS Society of NS for any and all claims whatsoever which may arise as a result of this release of information.

I understand that this consent is valid until revoked in writing, by me (or my *legally* authorized representative). A photocopy or facsimile shall be as valid as the original.

Signature of Applicant (or *legally* authorized representative)

Date: _____
 yyyy / mm / dd

Signature - ALS Society of Nova Scotia

Date: _____
 yyyy / mm / dd

Have you been referred to a Neurologist at the Neurophysiology Program in Halifax?

Susan R. Rahey
Neurophysiology Program Coordinator
Room 3841, Halifax Infirmary, QEII Health Sciences Centre, 1796 Summer Street, Halifax, NS B3H 3A7
Phone (902)473-2136, Fax (902)473-6351

Yes No