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### ***Release of Information***

East Kootenay Addictions, staff often work with other community professionals to provide a support team. This means there are times when sharing information about you will help improve the service and make sure we meet your needs in the best possible way. This information will only be shared with persons directly providing service for you.

**I, \_\_\_\_\_ give East Kootenay Addiction Services Society**  
**(Client name)**

**permission to contact \_\_\_\_\_**  
**(Agency & Service Providers Name)**

**to confirm receipt of this referral for counselling/support services.**

**Client's Signature \_\_\_\_\_ Date: \_\_\_\_\_**

**Referring Service Providers Signature \_\_\_\_\_ Date: \_\_\_\_\_**

*This form has been created for use by East Kootenay Addiction Services (Creston Site) to help ensure consistent service delivery. In sharing this form the organization does not imply that its use is suitable for any other organization or program.*