

# Referral Form

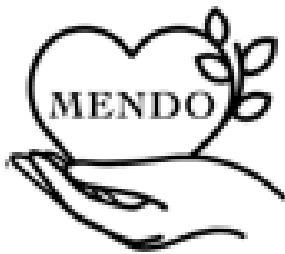
Please fax the referral to **306-952-6115** and contact MENDO care coordinator (306)290-5190 for questions.

**REFERRAL AND THE CONSENT TO RELEASE INFORMATION MUST BE SUBMITTED TOGETHER**

Date of Referral: (mm/dd/yyyy)		
Name of Referring Clinician:		Clinician Phone:
Applicant Name:	Can place patient sticker here	
Applicant Contact information	PHONE	
	EMAIL	
Applicant Address	Street	
	City:	Prov:
Is applicant homeless or inadequately housed please indicate		
Source of Income (SAP, SAID, DISABILITY etc):		
Is patient HIV positive? If yes please provide most recent cd4/viral load and if taking ARV's		

For any questions, please reach out to [mendocare@sanctumcaregroup.com](mailto:mendocare@sanctumcaregroup.com)





# Multi-Disciplinary Endocarditis Pathway

## Consent to Disclose & Collect Personal Health Information

Client Name: \_\_\_\_\_

HSN: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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### Privacy Notice

Sanctum Care Group Inc. is committed to respecting and ensuring the privacy, security and confidentiality of personal health information, consistent with *Criminal Code of Canada*, *The Child and Family Services Act*, *The Mental Health Services Act*, and *The Health Information Protection Act* legislations and guidance from professional associations.

### Collection and Storage of Personal Health Information

Personal health information is collected about you directly from you or from the person acting on your behalf. Personal health information may include your name, date of birth, address, health history, record of your stay at Sanctum Care Group, clinical assessment tools (e.g. CAFAS, CDOI) and the support you received during your stay. Your information may be collected from other sources if you provide consent to do so.

Your personal health information, whether collected in writing, on a computer, or by other means is stored safely and securely to protect your privacy.

### Disclosure of Personal Health Information

Your personal health information may be:

- Communicated with your health care providers including your family physician and/or other health care institutions, but only the information required for treatment support and continuity of care;
- Used to comply with legal and regulatory requirements; in some situations, information must be disclosed by law (for example, when a child requires protection).
- Used for the purposes of generating reports that may be publicly distributed to reflect the care provided by Sanctum Care Group. The information collected for the purposes of reports will be de-identified data; meaning that published data will not contain any information that would identify the subject

\_\_\_\_\_  
Signature of Service Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of client

(This verifies that this privacy information was discussed and consented to by client)

\_\_\_\_\_  
Date

Email form to [mendocare@sanctumcaregroup.com](mailto:mendocare@sanctumcaregroup.com) OR Fax to 306-952-6115.



Sanctum Care Group  
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