



CDTC Consent to Share Health Information

To: Calgary Drug Treatment Court
Suite 604, 620 7th Avenue SW
Calgary, AB
T2P 0Y8
Phone: 403-476-4696
Fax: 403-476-4701

I _____ agree that my full Alberta Health
(Applicant's name)
information (programs and/or services) may be shared with the Calgary Drug Treatment Court,
Treatment Team.

I _____ agree that my full Alberta Health
(Applicant's name)
Information (programs and/or services) provided by the Calgary Remand Centre may be shared with
the Calgary Drug Treatment Court Treatment Team.

Full Signature: _____

Print Signature: _____

Date Signed: _____