

**Canadian Mental Health Association
Edmonton Region**

**WOMEN'S WEB OF DISCOVERY
REGISTRATION FORM**

To provide you with safe and appropriate service, CMHA-ER's program staff needs some personal and health information from you. Any information that is collected from you is used to determine your eligibility for programs, or is used only for those purposes permitted by the Health Information Act (HIA), Freedom of Information and Protection of Privacy (FOIPP) Act, and Mental Health Act.

The confidentiality of your information and your privacy are protected by the agency in accordance with these Acts. Your program staff will explain the limits of the confidentiality of your information. Your information will not be given out to anyone without your consent.

If you have questions about any of this, contact the Program Manager at (780) 414-6300.

Consumer Information		
<u>Surname</u>	<u>First</u>	<u>Date of Birth</u>
<u>Address</u>	<u>City</u>	<u>Postal Code</u>
<u>Alberta Health Care Number</u>	<u>Gender</u> Male Female	<u>Phone</u>
<u>Presenting Problem / Diagnosis</u>		
<u>Primary Source of Income</u>	<u>Highest Level of Education Completed</u>	

Please See Page 2 →

Authorized Emergency Contact		
<u>Name</u>	<u>Relationship</u>	<u>Phone</u>

Current mental health professional or worker		
<u>Name</u>	<u>Phone</u>	<u>Organization</u>

Where did you hear about CMHA-ER's Social Recreation Programs? (Referral Source)

Program Rules and Expectations (What You Need to Know)

- An interview with CMHA-ER staff member may be required to ensure eligibility for participation in CMHA-ER Social Recreation Programs.
- It is very important that everyone observes program rules. Violation of these rules may result in suspension from the program. We expect participants to show respect, consideration and courtesy toward others. Therefore, violence, swearing or other abusive behaviour is not allowed in CMHA-ER Social Recreation Programs.
- Alcohol, street drugs or weapons of any kind are not permitted on CMHA-ER premises.
- By signing this registration, you are (1) confirming you have a mental illness, (2) agreeing you will abide by the rules and expectations noted above, (3) agreeing that in situations where CMHA-ER staff consider it important to discuss your participation in the Social Recreation Programs with other CMHA-ER staff, volunteers and/or your mental health worker they can do so.

<u>Signature</u>	<u>Date</u>
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