



Date:						
Patient/client/resident information						
First name:	Last name:		Pl	HN:		Number
Location (home, facility (include name))	· ·					Number
Family doctor:				, –		
Specialist/other health care provider #1:						
Specialist/other health care provider #2:						
Person requesting advice from the et	hics committee	e:				
Name:			to patient/clie	nt/resident:		
Home phone: Work phone:		Cell pho	ne:	Email:		
Mailing address:						
					Province	Postal code
How would you like to be contacted? [_ Phone call	Email] Written res	ponse		
Details of ethical issue						
Reason for request:						
How urgent is this?						
Relevant medical facts:						
Relevant medical facts:						
How would the patient/client/resident lik	e to handle this	ethical issue?				
·						



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Ethics Committee Ethical Advice Request

Page 2 of 2

How would the caregivers (family and/or friends) like to handle it?					
How would the health care providers (doctor, nurse, clinician) like to handle it?					
Other factors, if applicable (legal, administrative, etc.):					

Once received, your form will be sent to a Northern Health Ethics Committee in your area. They will contact you within two business days. *Note: Fill in as much information as you can. Missing information may cause a delay in responding to your request.*

Place your completed form in a sealed envelope marked 'confidential' and mail it to:

NH Ethics Committee 600 - 299 Victoria Street Prince George, B.C. V2L 4B8

Or fax to: 250-565-2640

For more information, or if you need immediate assistance (Monday to Friday 8:30AM to 4:30PM), please phone us at 1-888-233-7005 or email ethics@northernhealth.ca

Northern Health collects, stores and shares your personal information under the authority of the Freedom of Information and protection of Privacy Act (British Columbia). Northern Health will take all reasonable steps to make sure your personal information is treated confidentially, stored securely and used only for the purposes of providing you with health care services and treatment. If you have any questions, please contact Northern Health's Privacy Office at 250-565-5822.