



Head Office: 3405 W 31 Ave.
Vancouver, BC V6S 1X6
Phone/ Fax: 604-263-5218
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www.AccessDriverRehab.com

CONSENT TO PARTICIPATE IN DRIVER REHABILITATION AND RELEASE OF INFORMATION

CONSENT TO PARTICIPATE IN ASSESSMENT:

I, _____ understand that I have been referred for comprehensive driving evaluation through Access Driver Rehab Specialists, for the purpose of determining my ability to drive a motor vehicle. The evaluation will be conducted by a Certified Driver Rehabilitation Specialist and will consist of a clinical assessment, vehicle and/ or equipment assessment and behind the wheel assessment.

I consent and agree to participate in all of the evaluation procedures constituting the program. I agree to abide by the results obtained. These recommendations may include vehicle and adaptive equipment requirement, re-evaluation, or requests for further medical treatment or consultations.

CONSENT TO COMMUNICATION OF RESULTS:

I authorize Access Driver Rehab Specialists to release all information of my driver evaluation and training program to RoadSafetyBC, or to the province in which I reside. I consent to allow my therapist and physician to discuss the results directly with the provincial licensing authority (RoadSafetyBC or equivalent) upon their request or for clarification regarding my case. Information may also be released to my physician, rehabilitation service providers, funding agency or myself (if applicable).

I further consent to and authorize that information from my medical records relating to my identity; diagnosis, prognosis or treatment may be released to Access Driver Rehab Specialists. I understand that the purpose or need for this disclosure is to determine my safety to drive.

CONSEQUENCES OF TESTING:

Should I fail the battery of physical, cognitive, visual-perceptual tests, and/or behind the wheel assessment, RoadSafetyBC will be notified. I give this consent with awareness that such disclosure may result in the revocation of my license to drive or prevent me from obtaining such a license in the future. I am aware that RoadSafetyBC has the authority to make final decision regarding my driving status.

WAIVER OF LIABILITY:

I further agree and do hereby release Access Driver Rehab Specialists, my evaluator(s) and my physicians from any claims of any nature arising out of my participation in the driver assessment and training service.

REVOKING CONSENT

This Consent form is valid for three years from the date of signing, or can be revoked immediately upon written notification. I am aware that Duty to Report legislation in British Columbia prevails over any revocation of consent.

Client Signature: _____ Witness Signature _____
DATE: _____ Witness Name _____

Reviewed and re-consented on _____



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PROGRAM REFERRAL FORM

DATE	
CLIENT NAME	
DATE OF BIRTH	
PHONE NUMBER	
ADDRESS	
CLAIM # OR REFERENCE # (if applicable)	
DRIVING STATUS (ex. Licensed, revoked, medical hold)	
DRIVERS LICENSE # (if applicable)	
DIAGNOSIS	
MEDICATIONS	
BRIEF DESCRIPTION OF FUNCTIONAL ISSUE(S)	
REFERRAL SOURCE (ex. Self, Physician, WCB, Therapist, RoadSafetyBC)	
REFERRAL SOURCE CONTACT INFORMATION	
FUNDING SOURCE	
FUNDING SOURCE CONTACT INFORMATION	