

KINGSTON HEALTH SCIENCES CENTRE

REVOKING CONSENT FOR EMAIL CONTACT

I, _____, (please print) Name of Patient/Substitute Decision Maker
(SDM) wish to withdraw my consent for email contact with _____.

This consent has no retroactive effect on emails sent prior to the date of this signed consent.

Signature of Patient: _____ Date: _____
yyyy/mm/dd

Signature of Substitute Decision Maker (SDM): _____
(if applicable)

Family Member/Alternate: _____
Printed Name of Individual

Witness: _____
Printed Name of Individual Signature of Individual Date: yyyy/mm/dd