

## Consent Form for Health Advocacy

**Member name:** \_\_\_\_\_

**Date & time:** \_\_\_\_\_

**Health advocate name:** \_\_\_\_\_

**Physician/medical personnel name(s):** \_\_\_\_\_

I give my full consent to allow a Bellingham At Home Health Advocate to assist me by taking medical notes during my appointment with the physician's approval. I understand the Health Advocate gives no medical advice or treatment recommendations.

\_\_\_\_\_  
Member's signature

\_\_\_\_\_  
Health Advocate's signature

\_\_\_\_\_  
Physician's signature

This form has been developed by the Health Advocacy Committee, Bellingham At Home (BAH), a senior support organization, to be used only for BAH members, their chosen health advocates, and their physicians and other medical personnel. Bellingham At Home serves under the Whatcom Council on Aging, who assume no responsibility for health outcomes. Our aim is to support the patient and doctor relationship. All member disclosures are held in the strictest confidence.