

Consent to Access, Disclose, Transmit

Health Records Department

Phone: (519) 941-2410 ext. 2256 Fax: (519) 941-7025

Patient Contact Information: Patient records to be accessed. To be completed by Patient, Parent of children <16 years of age or a Substitute decision Maker.

Patient Last Name _____ Given Name _____ Date of Birth _____
 Health Card No. _____ VC _____
 Street Address _____ Unit/Apt _____ City _____
 Province/State _____ Country _____ Postal Code _____ Phone Number (____) _____

Purpose: I understand that this personal health information is to be used **only** by the recipient for the purpose of:

Personal Continuing Care Insurance/Legal Request

Confirmation Letter (Proof of Birth, Insurance Forms, Confirmation of visit, etc.)

Other(specify) _____

*Fees may apply where applicable.

Patient Medical to be disclosed: Only medical available for MyChart™ is Diagnostic, Laboratory & Dictated notes.

Emergency Record Diagnostic Imaging (XRay, Ultrasound, CT, etc.) Final Progress Note Laboratory ECG's

Dictated

Notes (Discharge Summary, Consultations, Operative Note, etc.) Cardiac (Echo, Stress testing, Myocardial etc.)

Other(specify): _____

Recipient of Medical records:

Patient (see above) Physician Hospital Physiotherapy
 Home for the Aged Employer WSIB Substitute Decision Maker
 Other _____

Name _____ Phone Number (____) _____ Fax Number (____) _____

Street Address _____ Suite _____ City _____ Postal Code _____

Authorization: Consent can be made by the Patient, Parent or Substitute Decision Maker (SDM). A parent or lawful guardian of a child under 16 years of age can sign consent on behalf of the child, unless child is capable and refuses parent access. A SDM is a person authorized under PHIPA to consent, on behalf of an incapable individual. The SDM will be required to provide documentation in support of request.

I, _____ hereby authorize Headwaters Health Care Centre to disclose the above mentioned health
(Patient, Parent or SDM)
 information to the recipient indicated for purpose(s) indicated.

Signature _____ Date signed ____/____/____ Witness Signature _____

If not patient, Relationship to Patient _____

HOSPITAL USE ONLY:

Date Received ____/____/____ Form of ID: Health Card Driver's License Passport Other

ID verified by HHCC Employee: _____

Type of disclosure provided Photocopies Fax Imaging CD View Other

Fee(s): \$30.00 (Basic Search Fee, including 1-20 pages) + \$0.25 per page after 20. Final Medical Record Cost \$ _____

If an extension to the access request response is required, please indicate:

Date of Extension ____/____/____

Reason for Extension _____

Date Patient Notified ____/____/____

HHCC Employee _____

SUBSTITUTE DECISION MAKER (SDM)

Substitute Decision Maker List in Rank Order

- Guardian (if guardian has the authority to make such decisions)
- Attorney for personal care (POA)
- Representative (appointed by the Consent and Capacity board under the Health Care Consent act, 1996)
- Spouse or partner
- Child's custodial parent or children's aid society or other person legally entitled to give or withhold consent in place of a parent.
- Parent with access rights
- Brother or sister, and
- Any other relative (related by blood, marriage or adoption)

To Consent for a Patient, the SDM must be:

- Included in the list above
- Available and capable of consenting
- At least 16 years old
- Willing to assume responsibility for giving or refusing consent
- Free of any court order or separation agreement prohibiting them from having access to or consenting for the patient
- The highest ranked person on the list of potential substitute decision makers who is available and capable of consenting.

If a patient is not capable of consenting and you cannot find anyone capable of consenting on their behalf and willing to take on the role, contact the Public Guardian and trustee who can consent for the patient.

The Public Guardian and Trustee can also give consent if two or more equally high-ranking substitute decision-makers disagree about whether to consent. The PG&T break the deadlock.