

Consent to Access, Disclose, Transmit or Signup for MyChart™

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 <u>DD</u> / <u>MMM</u> / <u>YYYY</u>
Health Card No. _____	VC _____	Patient email (required for MyChart™) _____ @ _____
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:

MyChart™

- MyChart™ PIN Activation
- MyChart™ Password Reset

Type of Disclosure

- Personal Continuing Care Insurance/Legal Request
- Confirmation Letter (Proof of Birth, Insurance Forms, Confirmation of visit, etc.)
- Other(specify) _____

Parents who are requesting access to a MyChart™ account on behalf of their child <14 years of age, are exempted from a patient signature. If the patient is capable, less than 14 years of age and refuses parent access, the patient request is honored.

*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 MyChart™ Access

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, _____ <small>(Patient, Parent or SDM)</small>		
hereby authorize Headwaters Health Care Centre to disclose the above mentioned health information to the recipient indicated for purpose(s) indicated.		
Signature _____	Date signed <u>DD</u> / <u>MMM</u> / <u>YYYY</u>	Witness Signature _____
If not patient, Relationship to Patient _____		

HOSPITAL USE ONLY:

Date Received DD / MMM / YYYY 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 DD / MMM / YYYY

Reason for Extension _____

Date Patient Notified DD / MMM / YYYY

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 a doption)

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.