

### Consent to Access, Disclose and Transmit

**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	DD / MMM / YYYY
Health Card No. _____	VC _____	Patient email _____	@ _____
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:

**Type of Disclosure/Method:**     Mail             Electronic             In-Person             Fax

<input type="checkbox"/> Personal <input type="checkbox"/> Continuing Care <input type="checkbox"/> Insurance/Legal Request <input type="checkbox"/> Confirmation Letter (Proof of Birth, Confirmation of visit, etc.) <input type="checkbox"/> Other(specify): _____
--

**Medical to be disclosed:**

<input type="checkbox"/> Emergency Record <input type="checkbox"/> Diagnostic Imaging (XRay, Ultrasound, CT, etc.) <input type="checkbox"/> Final Progress Note <input type="checkbox"/> Laboratory <input type="checkbox"/> ECG's <input type="checkbox"/> Dictated Notes (Discharge Summary, Consultations, Operative Note, etc.) <input type="checkbox"/> Cardiac (Echo, Stress testing, Myocardial etc.) <input type="checkbox"/> Other(specify): _____
---

**Recipient of Medical records:**     Patient (see above)     Physician     Hospital     Physiotherapy     LTC/Retirement  
 Employer     WSIB     Substitute Decision Maker     Other (specify): \_\_\_\_\_

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 _____ to disclose the above-mentioned health information to the recipient indicated for purpose(s) indicated.		
Signature _____	Date signed DD / MMM / YYYY _____	Witness Signature _____
If not patient, Relationship to Patient _____		



**HEALTH RECORDS 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  Pocket Health Imaging  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 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.

