Thunder Bay Regional Health Sciences Centre

CONSENT TO DISCLOSE HEALTH INFORMATION

Place Patient Label with Barcode Here

Unit Name: _____
Fax Number: _____

Section A: Patient Information

Last Name: _____ First Name: _____

Date of Birth (dd/mm/yyyy): _____ Telephone Number: _____

Mailing Address: _____

Section B: Personal Health Information/Records: _____

_____

(Description of personal health information to be disclosed and dates of contact/hospitalization)

Section C: Recipient Person/Agency: _____

_____

(Name and address of person/agency requesting information)

Section D: Authorization

I, _____, have the legal authority to make this request in my capacity as:
(Print Name)

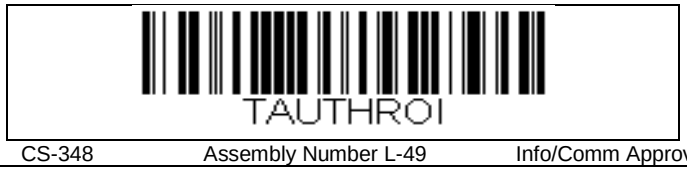
☐ the patient
☐ the patient's Substitute Decision Maker (select one and include copies of documents which prove authority):
- ☐ Custodial parent or legal guardian of an incapable youth (child less than 16 years of age)
- ☐ Attorney for Personal Care of an incapable adult
- ☐ Other (Please explain): _____

☐ the Estate Trustee/Executor for a deceased patient (include copies of documents which prove authority)

I hereby authorize **Thunder Bay Regional Health Sciences Centre** to disclose the personal health information/records (detailed in Section B) of the patient (listed in Section A) to the recipient (indicated in Section C). I understand the purposes for which the recipient will handle this personal health information. I hereby waive any and all claims against the Thunder Bay Regional Health Sciences Centre (TBRHSC) in connection with the disclosure of this personal health information.

Optional:
☐ Verbal consent obtained by (Print Name of TBRHSC Staff/Affiliate): _____

Signature: _____ Date (dd/mm/yyyy): _____



Place Patient Label with
Barcode Here

Guidelines:

1. Refer to Procedure HIS-08.

2. This form is to be used for release of patient information.

3. This Consent to Disclose Health Information must contain the original signature of:
   a) The patient, if capable or;
   b) For individuals under the age of 16, authorization will be accepted from parent(s)/legal guardian(s) unless we are aware that the parent(s)/legal guardian(s) and the patient's wishes are not the same and that the patient is capable of consenting. In this case, a request must be made by the patient. If there is reason to doubt the custodial relationship of the requestor, proof of custody will be required.
   c) If the patient is not capable of consenting to the disclosure of personal health information, the following order for substitute decision makers is:

- Guardian
- Attorney for personal care or attorney for property (if the attorney has the authority to make such decisions).
- Representative (appointed by the Consent and Capacity Board under the Health Care Consent Act, if the representative has the authority to give the consent.)
- Spouse or partner
- Child, custodial parent, or Children's Aid Society or other person legally entitled to give or withhold consent in place of a parent. (Note: Where this is the situation, the child's parent cannot consent on behalf of the child.)
- Brother or sister
- Other relative, related by blood, marriage or adoption

4. This Consent to Disclose Health Information will be considered valid for a period of up to three months from the date of signing unless otherwise stated.

5. The patient may state on the Consent to Disclose form any information which he or she does not wish to be released by this authorization.

6. This authorization may be rescinded or amended in writing at any time prior to the expiration date, except where action has been taken in reliance on the authorization.

7. The authorization may list more than one agency providing the individual understands this.

8. If substitute decision maker provides authorization, TBRHSC staff will ensure copies of documents are attached.

9. If consent is obtained verbally, the staff or professional staff member obtaining consent must print, sign, and date under the "Verbal consent" section.

10. If request is made to Health Records, form to be maintained in the patient's Release of Information file. If patient is a current in-patient or out-patient and request is made to care team, form to be scanned to the patient's health record.