SOUTHLAKE
REGIONAL HEALTH CENTRE

596 Davis Drive
Newmarket, ON L3Y 2P9

Health Information Services

Health Record #: _____ Complete or place barcoded patient label here

Patient Name: *(Print first, last)* _____

DOB: mm / dd / yy Age: _____ ❑ Female ❑ Male

OHIP #: _____ Version Code: _____

Account #: _____ Date of Admission: mm / dd / yy

Access to Personal Health Information and Disclosure Consent Form

INSTRUCTIONS

To access Personal Health Information please complete Parts A, B and D. To disclose Personal Health Information please complete parts A, B, C and D. For more information please request a copy of "Privacy of Personal Health Information, A Patients Guide."

PART A: REQUESTOR INFORMATION - PATIENT CONTACT INFORMATION

Patient Name: *(print first, last, initials)* | **Date of Birth:** mm / dd / yy

Mailing Address:

Phone Number:

PART B: CONTACT INFORMATION FOR THE SUBSTITUTE DECISION MAKER (SDM)

SDM Name: *(print first, last, initials)* | **Phone Number:**

Mailing Address:

**** NOTE: Include copies of documents that indicate your authority as a Substitute Decision Maker.***

PART C: THIS INFORMATION MAY BE DISCLOSED TO THE FOLLOWING

Name: *(print first, last)*

Phone Number: | **Fax Number:**

Mailing Address:

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

❑ Insurance ❑ Employment ❑ Legal Information ❑ Research

❑ Medical/clinical/continuum of care ❑ Other _____

Record Requested Including dates: _____

_____

_____

PART D: AUTHORIZATION

Patient/SDM Name: *(print first, last)*

Patient/SDM Signature: | **Date:** mm / dd / yy

SL0363_09 (01/10) "Health Information" Review (01/13)

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PART E: FOR INTERNAL USE

Date received: mm / dd / yy **Date of disclosure:** mm / dd / yy

ID Verified: ❑ Yes ❑ No **ID Verified by:** *(print first, last)*

Method of Release: ❑ Paper Copies ❑ CD disc ❑ Films ❑ Picked up ❑ Examine Originals

❑ Disclosed after 30 days of receipt of authorization ❑ Letter for extension sent to patient

❑ Access requested granted ❑ Access request not granted ❑ Access requested granted in part

If complete access request was not granted, reason for refusing the request/part of the request.

_____

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

Date of Extension	Reason for Extension	Date Patient Notified	
mm / dd / yy	_____	mm / dd / yy	**Initial:** _____

SRHC Employee Name: *(print first, last)* **Date:** mm / dd / yy

SRHC Employee Signature: **Title:**

SUBSTITUTE DECISION MAKER (SDM) *Health Care Consent Act, 1996, Section 20 (1)*

Substitute Decision Maker List in Rank Order

- Guardian (if the guardian has the authority to make such decisions)
- 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, 1996 if the representative has the authority to give the consent)
- 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.
  Note: where this is the situation, the child's parent cannot consent on behalf of the child
- 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 this 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 Public Guardian and Trustee break the deadlock.

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