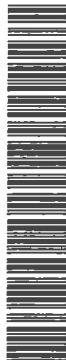


Authorization for Proxy Access to Patient's Health Information via Patient Connect

- Authorize Proxy Access (complete sections 1 through 4)
 Revoke Proxy Access (complete sections 1, 2 & 5)

1. Patient Information				
Last Name		First Name		
Date of Birth (DD/MM/YY)	MRN #	Email address		
Address		City	Province	Postal Code
Phone # (Best Daytime):			Country	
2. Proxy* Information				
Last Name		First Name		
Date of Birth (DD/MM/YY)	Email address			
Address		City	Province	Postal Code
Phone # (Best Daytime):		Alternate #:	Country	
3. Type of Access				
Adult Patient Access to another adult's health information Select one: <input type="checkbox"/> Capable adult patient (The patient should sign this form to provide authorization for release of their health information) <input type="checkbox"/> Legal guardian of adult patient (Adults who have a surrogate relationship with another adult through a legal arrangement.) Select the option below that best describes the guardianship: <input type="checkbox"/> Legal guardian (court order)** <input type="checkbox"/> Power of Attorney for Personal Care** ** Legal documentation must be provided		Minor Patient Access to your minor child's health information My relationship to the child is (select one): <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian of the Patient** ** Legal documentation must be provided		
4. Authorization for Proxy Access				
I give authorization for proxy access to my health information via Patient Connect. I understand this will include my health information collected at all the SHINE Partner Hospitals. I may withdraw my permission at any time, in writing, to one of the SHINE Partner Hospitals. The Proxy Patient Connect accounts will only be closed upon receipt of the withdrawal request. Only parents who are requesting access to a PatientConnect account on behalf of their child (less than 16 years old) are exempted from a patient signature. Photo identification for both the patient and the delegate is required upon submission for those applications not completed/submitted in person. * Proxy means an individual other than the patient who will have full access to the patient's Portal information. • For a capable patient, that access is granted as a result of the patient's decision • For an incapable patient, that access may be granted to the patient's substitute decision-maker SHINE Partner Hospitals are: Markham Stouffville Hospital Southlake Regional Health Centre Stevenson Memorial Hospital Patient Signature _____ Proxy Signature _____ Date _____ Date _____				
5. Revoke Proxy Access				
I am requesting to revoke the above named proxy(ies) from being able to access my health information via Patient Connect. Patient Signature _____ Date _____				



Authorization for Proxy Access to Patient's Health Information via Patient Connect (continued)

SHINE (Shared Health Information Network Exchange) is a partnership between Markham Stouffville Hospital, Southlake Regional Health Centre and Stevenson Memorial Hospital that was developed to adopt a shared electronic medical record structure between the three hospitals.

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.



Health Record #: _____	Complete or place barcoded patient label here	
Patient Name: <small>(print first, last)</small> _____		
DOB: <u>mm</u> / <u>dd</u> / <u>yy</u>	Age: _____	<input type="checkbox"/> Female <input type="checkbox"/> Male
OHIP #: _____	Version Code: _____	
Account #: _____	Date of Admission: <u>mm</u> / <u>dd</u> / <u>yy</u>	

Consent to Use Electronic Communication

Patient Acknowledgement and Agreement

I acknowledge that I have read and fully understand the risks, limitations, conditions of use and instructions for use of electronic communication outlined in the Appendix. I acknowledge that at any time, I may withdraw the option of communicating electronically by providing notice to Southlake Regional Health Centre (Southlake).

Patient Name: (print first, last) _____

Address: _____

Date of Birth: mm / dd / yy **Contact Number:** _____

Substitute Decision Maker (SDM): (if applicable) _____

Email Address: _____

Other account information required to communicate electronically: (if applicable)

I have reviewed and understand all of the risks, conditions, and instructions described in this Consent Form and Appendix.

Signature: _____ **Date:** mm / dd / yy

Witness Signature: _____ **Date:** mm / dd / yy

APPENDIX

Risks of using electronic communication:

Southlake will use reasonable means to protect the security and confidentiality of information sent and received using the services (i.e. email) as identified in the Consent to Use Electronic Communication form; however, because of the risks outlined below, Southlake cannot guarantee the security and confidentiality of electronic communications.

- Use of electronic communications to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Despite reasonable efforts to protect the privacy and security of electronic communication, it is not possible to completely secure the information.
- Employers and online services may have a legal right to inspect and keep electronic communications that pass through their system.
- Electronic communications can introduce malware into a computer system, and potentially damage or disrupt the computer, networks, and security settings.
- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the Southlake Agent or the patient.
- Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system.
- Electronic communications may be disclosed in accordance with a duty to report or a court order.





Health Record #: _____	Complete or place barcoded patient label here
Patient Name: <i>Print first, last</i> _____	
DOB: <u>mm</u> / <u>dd</u> / <u>yy</u> _____	Age: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male
OHIP #: _____	Version Code: _____
Account #: _____	Date of Admission: <u>mm</u> / <u>dd</u> / <u>yy</u> _____

Consent to Use Electronic Communication

APPENDIX *(continued)*

The following are additional risks:

- Communication can easily be misdirected, resulting in increased risk of being received by unintended and unknown recipients.
- Communication can be easier to falsify than handwritten or signed hard copies. It is not feasible to verify the true identity of the sender, or to ensure that only the recipient can read the message once it has been sent.

Conditions of using electronic communication:

- While Southlake will attempt to review and respond in a timely manner to your electronic communication, Southlake and its agents cannot guarantee that all electronic communications will be reviewed and responded to within any specific period of time. Electronic Communication will not be used for medical emergencies or other time-sensitive matters.
- If your electronic communication requires or invites a response from the Southlake agent and you have not received a response within a reasonable time period, it is your responsibility to follow up to determine whether the intended recipient received the electronic communication and when the recipient will respond.
- Electronic communication may not be an appropriate substitute for in-person or clinical examinations, where appropriate, or for attending the Emergency Department when needed.
- Electronic communications concerning diagnosis or treatment may be printed or transcribed in full and made part of your medical record. Other individuals authorized to access the medical record may have access to those communications.
- The Southlake Agent may forward electronic communications to staff and those involved in the delivery and administration of your care. The Southlake Agent will not forward electronic communications to third parties, including family members, without your prior written consent, except as authorized or required by law.
- Southlake is not responsible for information loss due to technical failures associated with your software or internet service provider.

Instructions for using electronic communication:

- Reasonably limit or avoid using an employer's or other third party's computer.
- Inform Southlake of any changes in your email address.
- Where possible include in the message's subject line an appropriate description of the nature of the communication (e.g. "question about appointment"), and your full name in the body of the message.
- Review all electronic communications to ensure they are clear and that all relevant information is provided before sending.
- Take precautions to preserve the confidentiality of electronic communications, such as using screen savers and safeguarding computer passwords.