

CONSENT TO COLLECT, USE AND DISCLOSE PERSONAL HEALTH INFORMATION

Please PRINT in all but the signature field.

Name of person receiving services: _____ Date of Birth: _____
 (DD/MM/YYYY)

1. I have received a copy of the Health Link **Privacy information package** and have been given the chance to ask questions.

2. By signing this document, I confirm that I know and understand that:

I choose the members of the Care Team which may include health care organizations, community and social service providers, friends and family members.

Members of the Care Team will consult me, and each other, as they:

- review personal health information such as diagnoses, treatments and medications;
- consider what services may be needed (now and in the future);
- create or update the Coordinated Care Plan (CCP); and/or,
- evaluate the services requested/received.

Ontario's privacy laws do not apply to the family and friends I have chosen as part of the Care Team.

The law allows community and health care agencies, even those which fall outside of the chosen Care Team, to collect and share personal health information if they need to do so to provide care. This may include collection from/release to local, regional or provincial repositories of electronic health records.

I can speak to the Lead Care Coordinator to:

- Ask questions, or make a complaint, about how information is handled and shared;
- Make changes to the Care Team;
- Give or withdraw my consent related to access to information; or,
- Ask for a copy of, or correction to, the Coordinated Care Plan.

I may refuse to sign this consent form and that refusing to do so means that I may not receive the benefits of a Coordinated Care Plan.

 Printed Name Signature Date (DD/MM/YYYY)

I am the person who will be receiving services.

I am the person who is authorized to make health care decisions for the person who will be receiving services.

Health Link partner which collected and confirmed consent: _____

 Printed name of person collecting consent Signature Date (DD/MM/YYYY)

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Name of person receiving services: _____ Date of Birth: _____
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Care Team	
Name/Organization	Relationship

Restrictions
 I do not wish for those listed below to have access to personal health information.

Privacy-related material to be included in patient information package

Your privacy is important to us and you have a right to know how your personal health information will be handled and protected.

What personal health information is

- Information about your health history and current health status, for example diagnoses, treatments and prescribed medications.

Why Care Team members need to collect, use and share your personal health information

- To make sure you get the care you need, when and where you need it.
- To make sure they have up-to-date and relevant information about you when they need it.

How Care Team members will collect your personal health information

- Directly from you or from a person who is legally allowed to act on your behalf.
- From providers involved with your health care (who are not on your Care Team) but only with your consent, or as the law permits.*

What Care Team members do with your personal health information

- Assess what services you need, create a coordinated care plan to deliver those services and evaluate the impact of them.
- Share it with other health care providers (outside your Care Team) who may need the information to care for you in the future*
- Your information will not be used for any other purpose without your consent (unless the law permits it).

Who has access to your Coordinated Care Plan

- Members of your chosen Care Team.
- Providers (outside of your Care Team) who may need the information to care for you in the future.
- You!

How Care Team members protect your personal health information

- You (with the support of other Care Team members as needed) will explain to the friends and family members on your Care Team what information they can share with others and what information they should keep to themselves.
- Other members of your Care Team will follow Ontario's privacy laws and the Health Link's privacy guidelines.

What happens if your personal health information is lost, stolen or inappropriately viewed or shared

- You will be contacted as soon as possible.

What you should do if you have a concern about privacy or the way information has been handled

- Contact your Lead Care Coordinator and share your concerns.

*This may include collection/release of information from/to local, regional or provincial repositories of shared electronic health records that a Care Team member has access to.