St. Joseph's Healthcare Hamilton | Privacy, Confidentiality & Security

Consent to Disclose Personal Health Information

Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)

Information and Instructions

Only the patient, substitute decision maker (SDM), or authorized legal representative may authorize disclosure of patient personal health information. We review all health record disclosure requests, and make every effort to respond to each request within thirty (30) days of receipt of the request. This authorization may be rescinded or amended in writing at any time prior to the expiration date (3 months).

Please complete this form and submit the completed request to the Release of Information Specialist (address below) or by email: relinfo@stjoes.ca

* For information about our Privacy practices visit our website at www.stjoes.ca/privacy

I, _____ , authorize _____
(Full name) *(St. Joseph's Healthcare Hamilton OR name of health information custodian)*

to disclose

☐ my personal health information consisting of:

(Describe the personal health information to be disclosed and respective dates)

or

☐ the personal health information of _____ _____
(Name and date of birth of the patient for whom you are the substitute decision-maker)*

consisting of:

(Describe the personal health information to be disclosed and respective dates)

to: _____
(Name of intended recipient)

Address: _____ _____ _____ _____
Street Unit/Apt. # City / Province Postal Code

Telephone Number: _____ Fax Number: _____

☐ **I understand the purpose for disclosing this personal health information to the person noted above.**

☐ **I understand that I can refuse to sign this consent form.**

Name: _____ Date of Birth: _____
yyyy/mm/dd

Address: _____ _____ _____
Unit Number/Street City / Province Postal Code

Telephone Number: _____

Signature: _____ Date: _____
yyyy/mm/dd

***Please note:** A substitute decision-maker is a person authorized under PHIPA to consent, on behalf of an individual, to disclose personal health information about the individual. **If you are the substitute decision-maker, please provide supporting documentation.**

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