

Consent to Disclose, Transmit, Access or Examine Personal Health Information

Fort Erie Niagara Falls Niagara-On-The-Lake Port Colborne St. Catharines Welland

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

Records to be Accessed:

Patient: _____

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

Health Card Number: _____

Phone Number: (_____) _____

Address: _____

City: _____ Postal Code: _____

Recipient of Records:

Patient SDM Other (specify): _____

Name: _____

Home Number: (_____) _____

Fax Number: (_____) _____

Address: _____

City: _____ Postal Code: _____

Records to be Disclosed:

Personal Health Information relating to the following treatment or admission: *(Specify health information and dates of service)*

How would you prefer to access this information?

- Receive hard copies of originals
 Examine requested originals in the facility
 CD Format

Reason for Request and Release of Information:

I, _____ hereby authorize Niagara Health to disclose the aforementioned health information to the recipient indicated for the purpose of:

Ongoing Care Personal Legal Insurance Other (specify): _____

Signature of Patient or Substitute Decision Maker

Date (dd/mm/yyyy)

Signature of Witness

Date (dd/mm/yyyy)

NOTE: A substitute decision maker (SDM) is a person authorized under PHIPA to consent, on behalf of an individual, to disclose personal health information about the individual. This Consent for Access to Disclosure will be valid for a three(3) month period as of the date of the signature unless otherwise specified. This authorization may be withdrawn at any time by written notification to the hospital, but is not retroactive to information released before consent is withdrawn.

Hospital Use Only:

Verification of identity of individual consenting to access / disclosure;

Form of ID: Driver License Passport Health Card Other: _____

ID Checked By Name: _____ Signature: _____

Fee: \$30.00 (Basic Search Fee, non-refundable)+ \$0.25 per page after 20.

Final Bill: _____ Date Released:(dd/mm/yyyy) _____

www.niagarahealth.on.ca



CONS9

Chart Copy – Do Not Destroy