WRHN
Waterloo Regional Health Network

Patient Authorization for the Collection/Release of Personal Health Information

Authorization must be signed by the patient or by the legally authorized representative in the case of incompetency or death.

I, _____, hereby authorize
(Name of Patient/Substitute Decision Maker/Power of Attorney)

Waterloo Regional Health Network to ☐ release ☐ collect records pertaining to the

admission(s)/ visit(s) from _____ to _____
(yyyy/mm/dd) (yyyy/mm/dd)

completed at: _____
(Site)

from the health record of: _____
(Patient Name) (Date of Birth yyyy/mm/dd)

Contact Phone #: _____ _____
(Health Card Number/ Photo ID)

Leave Message: ☐ Yes ☐ No

****Confirm Copy of Photo ID of Patient or Authorized Person Attached ****

Request:

Requested by (Specific Name, Unit or Dept.): _____

Requestor Agency Name & Department: _____
(e.g. Insurance Company, Lawyer, Physician Office)

Address: _____

Purpose:

This information will be used for the purpose of:

- ☐ Further Medical Treatment
- ☐ Litigation
- ☐ Physician Reference
- ☐ Insurance Claim
- ☐ Estate Settlement
- ☐ Mental Health Assessment &/Treatment
- ☐ Medical Images
- ☐ Other

Please use this updated Patient Consent Form to ensure secure processing. Old versions will not be applicable. Contact our office with any questions.

_____

WRHN Cancer Centre
835 King St. W.
519-749-4300 ext. 5430
Fax: 519-749-7375
ccreleaseofinfo@grhosp.on.ca

WRHN @ Midtown
835 King St. W.
519-749-4300, ext. 2561
Fax: 519-749-4311
releaseof.information@ghrosp.on.ca

WRHN @ Chicopee
3570 King St. E.
519-749-4300, ext. 2501
Fax: 519-749-4311
releaseof.information@ghrosp.on.ca

WRHN @ Queen's Blvd.
911 Queen's Blvd.
519-749-6436
Fax: 519-749-6568
ReleaseofInfo@smgh.ca

Consent:
I understand the private and confidential nature of this information and agree that it will be used only for the stated purpose(s). I further absolve the information – releasing Waterloo Regional Health Network of any responsibility for carrying out this directive. This authorization will be valid for 90 days as of the date of signature, unless specified otherwise. I understand that I may withdraw my consent at any time by informing my Waterloo Regional Health Network contact.

Date of Consent: _____ Signed: _____

Consent Expiry Date: _____ _____
(Date) (Relationship if other than patient)

Witness: _____ Print Name:_____
(Signature)

Please read the following carefully:

I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for use of the selected communication services more fully described in the Appendix to this Consent form. I understand and accept the risks outlined in the Appendix to this Consent form, associated with the use of the Services in communications with the program and its staff. I consent to the conditions and will follow the instructions outlined in the Appendix, as well as any other conditions that the program may impose on communications with patients using the Services.

I acknowledge and understand that it is possible that communications with the program or its staff using the Services may not be encrypted. Despite this, I agree to communicate with the program and its staff using these services with a full understanding of the risk. I acknowledge that either I or the program may at any time, withdraw the option of communicating electronically through the Services upon providing written notice. I hereby release and hold harmless Waterloo Regional Health Network, its directors, officers, employees, agents, professional team members, and volunteers from any liability, claims, and losses for having complied with this authorization. Waterloo Regional Health Network is not responsible for the security of patients' internet service providers, email domains, personal devices, or personal computers. I confirm that any question(s) I had were answered.

Preferred Method of Communication (Please Check and Complete Below)	
☐	**Mail**
☐	**Fax**
☐	**Email** **By checking this option, you agree to the risks outlined in Appendix A on this release form.**

WRHN Cancer Centre
835 King St. W.
519-749-4300 ext. 5430
Fax: 519-749-7375
ccreleaseofinfo@grhosp.on.ca

WRHN @ Midtown
835 King St. W.
519-749-4300, ext. 2561
Fax: 519-749-4311
releaseof.information@ghrosp.on.ca

WRHN @ Chicopee
3570 King St. E.
519-749-4300, ext. 2501
Fax: 519-749-4311
releaseof.information@ghrosp.on.ca

WRHN @ Queen's Blvd.
911 Queen's Blvd.
519-749-6436
Fax: 519-749-6568
ReleaseofInfo@smgh.ca

Appendix A

Risks of using electronic communication:

The program will use reasonable means to protect the security and confidentiality of information sent and received using the Services ("Services" is defined in the attached Consent to use electronic communications). However, because of the risks outlined below, the program cannot guarantee the security and confidentiality of electronic communications:

- The 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 program or the patient.
- Even after the sender and recipient have deleted copies of electronic communications, backup copies may exist on a computer system.
- Electronic communications may be disclosed in accordance with a duty to report or a court order.

If email is used as an e-communication tool, the following are additional risks:

- Emails can more easily be misdirected, resulting in an increased risk of being received by unintended and unknown recipients.
- Emails are easier to falsify than signed hard copies, and verifying the sender's identity or ensuring recipient-only access is not always feasible.

Conditions of using the Services:

- You understand that this Consent is only valid for the Release of Information (ROI) program.
- You understand that this Consent is only valid for this specific ROI request. A new Consent form will have to be submitted for any future ROI requests.
- You understand that the program will not forward electronic communications to third parties, such as family members, without your prior written consent, except as authorized or required by law.
- You agree to inform the program of any types of information you do not want sent via the Services.
- The program is not responsible for information loss due to technical failures associated with your software or internet service provider.
- The program will password-protect any attachments that contain personal health information (PHI). It is your responsibility to manage these passwords once they are released to you.

Instructions for communication using the Services:

To communicate using the Services, you must:

- Reasonably limit or avoid using an employer's or other third party's computer.
- Inform the program of any changes in the patient's email address, or other account information necessary to communicate via the Services.
- Review all electronic communications to ensure they are clear and that all relevant information is provided; call the program to communicate any concerns or receive clarification.
- Take precautions to preserve the confidentiality of electronic communications, such as using screen savers and safeguarding computer passwords.

WRHN Cancer Centre
835 King St. W.
519-749-4300 ext. 5430
Fax: 519-749-7375
ccreleaseofinfo@grhosp.on.ca

WRHN @ Midtown
835 King St. W.
519-749-4300, ext. 2561
Fax: 519-749-4311
releaseof.information@ghrosp.on.ca

WRHN @ Chicopee
3570 King St. E.
519-749-4300, ext. 2501
Fax: 519-749-4311
releaseof.information@ghrosp.on.ca

WRHN @ Queen's Blvd.
911 Queen's Blvd.
519-749-6436
Fax: 519-749-6568
ReleaseofInfo@smgh.ca