



### Consent to Disclose Personal Health Information

*Note: We refer throughout to the Village Family Health Team (VFHT) and staff and agents– but this policy applies to all Queen West Family Health Organization (FHO) members and staff equally. The FHO is the health information custodian for purposes of the Personal Health Information Protection Act (PHIPA), and VFHT acts as the FHO’s agent for purposes of PHIPA.*

From time to time the Village Family Health Team may be unsuccessful in contacting you directly. The purpose of this consent is to enable the Family Health Team to discuss your personal health information with individuals of your choice (such as a family member, friend, or other individual of your choice).

By signing this consent, you agree to allow members from the Village Family Health Team to release and/or discuss any or all of your personal health information with the individual(s) named below. At no time will the Village Family Health Team discuss your personal health information without your consent.

You have the right to withhold or withdraw this consent, in writing or verbally, except where we have already disclosed your personal health information based on your prior consent.

Names of individual with whom information may be discussed:

\_\_\_\_\_ (relation: \_\_\_\_\_)

\_\_\_\_\_ (relation: \_\_\_\_\_)

\_\_\_\_\_ (relation: \_\_\_\_\_)

Patient Name: \_\_\_\_\_ DOB (dd/mm/yyyy): \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_