

Consent to Use or Disclose Personal/Personal Health Information Form

This document authorizes the

- Use by: **Morden Community Mobilization**
 Disclosure to: _____

... of the personal information and/or personal health information of the following individual:

SECTION 1: Individual the Information is About	
Given Name (s)	Surname
Date of Birth (mmm/dd/yyyy)	Phone Number
Address	Email
City/Town	Postal Code

Section 2: Consent Details
Specific Information to be Used/Disclosed: _____ _____ _____
Purpose for the Use/ Disclosure: _____ _____ _____

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Section 3: Individual Providing Consent

- I am the individual the information is about (Proceed to Section 4: Consent Limitation)
- I am Authorized to exercise the rights of the individual this information is about (Proceed to Appendix: Consent Authority)

Section 4: Consent Limitation

This Consent	<input type="checkbox"/> Is valid for this request only	<input type="checkbox"/> Expires on: _____ (mmm/dd/yyyy)
	<input type="checkbox"/> Is valid for one year	<input type="checkbox"/> Valid until revoked by the Individual

Section 5: Consent Authorization

I undertake that I have the authority indicated in Section 3 above to consent to the use or disclosure of this information.

I understand that this information is necessary for the above specified purpose(s) and that only the minimum amount of information required for the purpose(s) will be used or disclosed.

I understand that I can revoke or amend this consent in writing at any time before it expires. I declare that this consent has been given freely.

Signature of Individual Providing Consent	Date: (mmm/dd/yyyy)

Appendix: Consent Authority

Please Check the applicable box below and attach documentation verifying that you are authorized to act on the individual's behalf:

- I have written authorization from the individual.
- I am the individual's committee appointed under the Mental Health Act and have the power to make health care decisions for the individual.
- I am the individual's substitute decision maker for personal care appointed under The Vulnerable Persons Living with a Mental Disability Act.

- The individual is deceased and I am the executor or administrator of the individual's estate;

Personal Information only:

- I am an attorney acting under a power of attorney granted by the individual exercising rights or powers conferred by the power of attorney.
- I am the parent or guardian of a minor and the exercise of this right or power would not be an unreasonable invasion of the minor's privacy.

Personal Health Information only:

- I am the individual's proxy appointed under The Health Care Directives Act.
- I am the parent or guardian of a minor and the minor does not have the capacity to make health care decisions.
- No person above exists or is available; as per Section 60(2) of PHIA (see page 4), I wish to exercise the rights of the individual who lacks the capacity to do so because I am related to them in the following way: _____

The Freedom of Information and Protection of Privacy Act (FIPPA)
Section 79

Exercising rights of another person

79 Any right or power conferred on an individual by this Act may be exercised

(a) by any person with written authorization from the individual to act on the individual's behalf;

(b) by a committee appointed for the individual under The Mental Health Act or a substitute decision maker appointed for the individual under The Adults Living with an Intellectual Disability Act, if the exercise of the right or power relates to the powers and duties of the committee or substitute decision maker;

(c) by an attorney acting under a power of attorney granted by the individual, if the exercise of the right or power relates to the powers and duties conferred by the power of attorney;

(d) by any of the following persons if the individual is a minor and, in the opinion of the head of the public body concerned, the exercise of the right or power by that person would not constitute an unreasonable invasion of the minor's privacy: (i) the parent or guardian of the minor, (ii) an alternate decision maker for the minor if the exercise of the right or power relates to the alternate decision maker's decision-making responsibility; or

(e) if the individual is deceased, by the individual's personal representative if the exercise of the right or power relates to the administration of the individual's estate.

The Personal Health Information Act

Section 60

Exercising rights of another person

60(1) The rights of an individual under this Act may be exercised

(a) by any person with written authorization from the individual to act on the individual's behalf;

(b) by a proxy appointed by the individual under *The Health Care Directives Act*;

(c) by a committee appointed for the individual under *The Mental Health Act* if the

committee has the power to make health care decisions on the individual's behalf;

(d) by a substitute decision maker for personal care appointed for the individual under *The Adults Living with an Intellectual Disability Act* if the exercise of the right relates to the powers and duties of the substitute decision maker;

(d.1) by an attorney acting under a power of attorney granted by the individual, if the exercise of the right or power relates to the powers and duties conferred by the power of attorney;

(e) if the individual is a minor who does not have the capacity to make health care decisions, by one of the following persons:

(i) the minor's parent or guardian,

(ii) an alternate decision maker for the minor if the exercise of the right or power relates to the alternate decision maker's decision-making responsibility; or

(f) if the individual is deceased, by his or her personal representative.

If person unavailable

60(2) If the trustee reasonably believes that no person listed in subsection (1) exists or is available, the adult person listed first in the following clauses who is readily available and willing to act may exercise the rights of an individual who lacks the capacity to do so:

(a) the individual's spouse, or common-law partner, with whom the individual is cohabiting;

(b) a son or daughter;

(c) a parent, if the individual is an adult;

(d) a brother or sister;

(e) a person with whom the individual is known to have a close personal relationship;

(f) a grandparent;

(g) a grandchild;

(h) an aunt or uncle;

(i) a nephew or niece.

Ranking

60(3) The older or oldest of two or more relatives described in any clause of subsection (2) is to be preferred to another of those relatives.