

TORONTO CENTRAL LHIN - ELECTRONIC COORDINATED CARE PLAN – CONSENT FORM (Version 1.0)
CLIENT IDENTIFIED

First Name _____ Date of Birth: _____
(dd/mm/yyyy)
Last Name _____ Health Card Number and Version Code _____
Send registration and consent documents by fax to the Toronto Central LHIN: 416-506-0374

READ AND REVIEW WITH CLIENT

My Health Care Providers will use and disclose my Personal Health Information for the purpose of:

- developing a Coordinated Care Plan (CCP)
- planning and providing my care and services
- evaluating the services I have requested and/or received
- improving the health care system through evaluating services
- all personal identifiers will be removed for the purpose of evaluating services
- my personal health information will not be used for further research without my consent

My Personal Health Information will:

- reside with the Toronto Central LHIN regardless of whether or not the Toronto Central LHIN is included in my Coordinated Care Plan for the purpose of facilitating electronic sharing amongst my care providers
- be held in confidence and maintained securely in accordance with the Personal Health Information Protection Act (PHIPA) by the organizations participating in my care
- be accessible to health service providers unless I indicate otherwise

My Coordinated Care Plan will be collected, used and disclosed, in a secure electronic system by the Toronto Central LHIN for the purpose of electronic sharing among health care partners through both regional and provincial systems.

Refusal or withdrawal of Consent

I may refuse to provide my consent or I can withdraw my consent at any time by contacting any member of my Care Team. The Care Team includes individuals/organization that I have consented to contribute to and be involved in my Coordinated Care Plan.

I will be involved in planning and will have

- the option to receive a copy of the Coordinated Care Plan
- the right to request access to my Coordinated Care Plan
- the right to request a correction to my Coordinated Care Plan from any of my Care Team members

My consent is valid until there is a change to my consent directives

If I have any questions regarding how my Personal Health Information will be handled/shared, I may contact the Privacy Office of the Toronto Central LHIN at Privacy.Officer@tc.lhins.on.ca

Consent Directive – Deny access to my electronic CCP to the following Health Service Providers

Access to my eCCP is denied to the following Organization(s): *(Note: Denying access to an individual from an organization with whom Toronto Central LHIN shares the coordinated care plan electronically, will result in denying access to the organization as a whole. Even when access to the CCP is removed, related personal health information may still appear in local/shared health record systems – please contact the Privacy Office at the health care facility for more information or to request to have your information blocked in other health record systems).*

Organization _____
Organization _____
Organization _____

Consent Directive – Allow access to a copy of my eCCP to the following Non-Health Service Providers

Access to a copy of my eCCP is approved for the following non-Health Service Providers *(Note: Non-Health Service Providers will use your information for the development of the CCP and in accordance to their own Privacy policies.):*

Organization /Individual Name _____
Organization /Individual Name _____
Organization /Individual Name _____

The above information has been reviewed and consent has been confirmed:

Verbally by **OR** Signed by

Client: Client Signature _____ Date _____ (dd/mm/yyyy)

***Substitute Decision Maker(SDM):** SDM Name _____ Relationship with Client _____
SDM Signature _____ Date _____ (dd/mm/yyyy)

This information was explained by (Organization and individual's name): _____

This consent was obtained by (Organization and individual's name): _____

*A substitute decision-maker is a person authorized under the PHIPA to consent, on behalf of the individual to the collection, use or disclose of personal health information about the individual.