Consent Form – Individual to Third Party

to the Collection, Use and Disclosure of Personal Information
Pursuant to the *Personal Health Information Protection Act, 2004*,
the *Freedom of Information and Protection of Privacy Act*, and
the *Municipal Freedom of Information and Protection of Privacy Act*
North Simcoe Muskoka Local Health Integration Network

To: **[Insert Name of Third Party with Whom Information Will Be Shared]**

And To: **North Simcoe Muskoka Local Health Integration Network**

And To: **[Insert Name of Health Service Provider]**

I, [insert name], authorize [insert name of Health Service Provider] ("Health Service Provider") and its staff, and the North Simcoe Muskoka Local Health Integration Network (the "LHIN") and its staff, to disclose to each other and to [insert name of third party], [insert relationship with third party], and to use my personal information including personal health information as appropriate for the purposes identified below and as described [insert mode of communication i.e. email, phone call, written letter, fax or communicated in person] by me or by [insert name of third party] to the LHIN on [insert date].

Notice of Purposes and Authority:
The LHIN is collecting the above information in order to inquire further into the concerns that you or [insert name of third party] have raised in relation to services provided or to be provided to you by the Health Service Provider, and in fulfillment of its duties and mandate under the *Local Health System Integration Act, 2006*. The LHIN will only use the information for the purposes described above.

If you have any questions about this collection and use of personal information or the consent form please contact:

North Simcoe Muskoka Local Health Integration Network
Shelby Rushton, Communications Coordinator
210 Memorial Avenue, Suite 128, Orillia, ON L3V 7V1
705-326-7750 Ext. 2274

I understand that I can refuse to sign this consent form.

_____ _____

Signature Date

_____

Name (please print)