

CONSENT TO DISCLOSE PERSONAL HEALTH INFORMATION

Date: (yyyy/mm/dd) _____ RE: Patient Name: _____

Substitute Decision Maker Identification

Name: _____
Address and Phone Number: _____
Relationship to Patient: _____

Choose one of the following:

1. I am at least 16 years old or I am under 16 years and the parent of the incapable patient
2. I believe that the incapable patient, when capable, would not have objected to me deciding about the disclosure of health information.
3. I believe that no one ranking higher than me, or the same rank as me, claims authority and is available and willing to decide about the disclosure of personal health information.

- a) Court Appointed Guardian
- b) Power of Attorney
- c) Representative appointed by the Consent Capacity Board
- d) Spouse or Partner
- e) Parent or Child
- f) Parent with a right of access
- g) Brother or sister
- h) Any other relative related by blood, marriage or adoption

Date (yyyy/mm/dd) _____ Signature of Substitute Decision Maker _____

Documentation supporting your legal authority in requesting Hamilton Health Sciences to disclose personal health information on behalf of the patient, must be submitted with this request. (i.e. Power of Attorney, Estate Executor / Administrator, etc.)

Mail this completed form (and any additional supporting documentation if required) to:

West Lincoln Site → Hamilton Health Sciences – West Lincoln Memorial Hospital Site
169 Main St. East, Grimsby, ON L3M 1P3 Attn: Release of Information Department

All Other Sites → Hamilton Health Sciences - P.O. Box 2000, Hamilton, ON L8N 3Z5
Attn: Release of Information Department - _____ Site

Please indicate the site where you were treated, using one of the following:

- General • St. Peters • Juravinski **or** for all other Hamilton Locations, state • MUMC

* Requests for St. Joe's Villa and Satellite Health Facility are to be faxed to the site the patient was transferred from

OR Scan (or save as a pdf file) the completed form and email to: releaseofinfo@hhsc.ca

OR Fax completed form to the Release of Information Department:

Hamilton General Hospital
(Barton St. East, Hamilton)
Phone: 905-521-2100 X 46264
Fax: 905-577-8024

St. Peter's Hospital
(Maplewood Avenue, Hamilton)
Phone: 905-521-2100 X 12216
Fax: 905-526-2065

Juravinski Hospital/Cancer Centre
(Concession Street, Hamilton)
Phone: 905-521-2100 X 63315
Fax: 905-575-6344

West Lincoln Memorial Hospital
(Main Street, Grimsby)
Phone: 905-945-2253 X 11360
Fax: 905-945-3125

CHED/UCC/MCH/MUMC/RJCHC:
• Chedoke Hospital
• Urgent Care Center
Phone: 905-521-2100 X 75123

• McMaster Children's Hospital
• McMaster University Med. Centre
• Ron Joyce Children's Health Centre
Fax: 905-528-3828

(The person submitting this request, is to keep a copy of this consent upon completion)

