

FORM: Consent for Accessing Files

I, _____, understand that people in the positions listed below and in my support network may need to access information about me that is relevant to my support needs. I give consent for the people and/or service areas listed below and in my support network to access my Community Living Fort Frances and District files. I understand that all staff at Community Living Fort Frances and District are required to keep my information private and that staff sign a Confidentiality Agreement annually to remind them of this.

In relation to Nucleus Labs, I also understand that my personal health information (PHI) will be disclosed to other healthcare providers in the “circle of care” who need to know this information to provide me with care or help provide me with care. The “circle of care” includes health care professionals, other hospitals, pharmacies, laboratories, ambulance service, nursing homes, Community Care Access Centre’s (CCAC), and home service providers who provide me with health care services.

Community Living Fort Frances and District Clerical/Administrative Support Staff

The Following Service Areas Which Directly Provide Me With Support:

Supervisor(s):

Senior Manager(s):

CEO:

Staff of the Ministry of Community and Social Services (*where legally required, such as when completing reviews and investigations, MCSS representatives may access your file without your permission*).

This consent shall remain in effect until such time as I, or Community Living Fort Frances and District, ask to change it.

I understand that specific information can be sealed in an envelope and only opened in a relevant emergency or with my permission. The following information in my file is not to be shared with others and is to be kept private:

Signature of Service User

(Where service user is unable to understand his or her right to confidentiality, the legal guardian or closest family member may provide permission and sign).

Date