North East **LHIN** | **RLISS** du Nord-Est

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Consent by Individual to Third Party to the Collection, Use and Disclosure of Personal Information

Pursuant to the *Personal Health Information Protection Act, 2004*, *Freedom of Information and Protection of Privacy Act*, and *Municipal Freedom of Information and Protection of Privacy Act*

To: _____ (Name of Third Party with Whom Information Will Be Shared)

And To: North East Local Health Integration Network

And To: _____ (Health Service Provider)

I, _____ (your name), authorize _____ ("Health Service Provider") its staff, and the North East Local Health Integration Network (the "LHIN") and its staff, to disclose to each other and to _____(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 in a(n) _____ (email, telephone call, letter, etc.) by me to the LHIN on _____ (month / day / year).

Notice of Purposes and Authority:
The LHIN is collecting the above information in order to inquire further into the concerns that you or _____(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:

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

Privacy and Health Records Department, North East LHIN, 1-866-906-5446, neprivacy@lhins.on.ca

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

_____ _____

Signature Date

_____

Name (please print)