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## Consent by Individual 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: North East Local Health Integration Network**

**And To:** \_\_\_\_\_ (Health Service Provider)

I, \_\_\_\_\_ (your name), authorize  
\_\_\_\_\_, (“Health Service Provider”) and  
its staff, and the North East Local Health Integration Network (the “LHIN”) and its staff, to  
disclose to each other 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 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 this  
consent form, please contact:

Kate Fyfe, Director, System Performance, North East LHIN, 1-866-906-5446,  
[kate.fyfe@lhins.on.ca](mailto:kate.fyfe@lhins.on.ca)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_