

Participant Consent to the Collection, Use and Disclosure of Personal Health Information

I, _____,
(print full name of participant or substitute decision maker)

of _____
(address)

hereby authorize _____
(name of agency serving in the role of Greater Sudbury Health Link Navigator or Lead Care Coordinator)

to release and/or request the personal health information of

(name of participant AND date of birth)

to and/or from the following Greater Sudbury Health Link Care Team members:

My Greater Sudbury Health Link Care Team members

Health and Social Service Providers Informal Caregivers	Consent Given <i>(initial each agency for which consent is given)</i>
North East LHIN – Home and Community Care - required (NELHIN – Home and Community Care stores electronic versions of all Coordinated Care Plans. They may also be members of Care Teams.)	
Health Sciences North and the North Eastern Ontario Network (NEON)* - required (Coordinated Care Plans are identified in the HSN health record in order to ensure that your care plan is available to hospital providers. They may also be members of Care Teams.) * The full list of NEON partners can be found on the last page of this document.	
Canadian Mental Health Association – required (This is the lead agency for the Greater Sudbury Health Link and receives all Greater Sudbury Health Link referrals. They may also be members of Care Teams.)	

My Greater Sudbury Health Link Care Team members, continued

Health and Social Service Providers Informal Caregivers	Consent Given <i>(initial each agency for which consent is given)</i>
Dr. Liisa Levasseur – Greater Sudbury Health Link Primary Care Lead (Dr. Levasseur will only receive your name. She will contact your physicians and/or primary care providers in order to introduce them to the Greater Sudbury Health Link.)	

The Greater Sudbury Health Link seeks to improve the health and well-being of Sudbury residents who require multiple health and social services. As a participant in the Greater Sudbury Health Link, I/the participant will work with my/the participant's full team of health and community service providers (the Care Team) to create a shared *Coordinated Care Plan*. In order to develop that plan and work together to achieve my/the participant's goals, some information about my health, current care and treatments and personal goals will be shared amongst my/the participant's Care Team.

I understand the following:

1. I agree to be enrolled/to enroll the participant in the Greater Sudbury Health Link.
2. The Care Team will include myself/the participant and the health and community service providers specified on this consent form.
3. Members of the Care Team will collect and share information about my/the participant's current health status, health care history, current care and treatments and personal care goals in order to:
 - a. Create a shared *Coordinated Care Plan*
 - b. Determine eligibility for services;
 - c. Provide services; and
 - d. Evaluate the services provided.

My/the participant's personal health information will not be used for any other purpose, including research, without my/the patient's express consent.

4. Personal health information will not be shared with anyone outside of the Care Team unless I have given my express consent to do so or the law permits it (e.g. in an emergency).
5. Personal health information will be shared among the Care Team using a secure electronic system unless I tell a member of my Care Team that I would prefer it be exchanged in paper format only.
6. I will be provided with a copy of the *Coordinated Care Plan*.
7. I can speak to any member of my/the participant's Care Team to:
 - a. Withdraw as a participant in the Greater Sudbury Health Link;
 - b. Withdraw/change my consent related to how/with whom health information is shared;
 - c. Request copies of other health information on file; or,
 - d. Ask questions or make a complaint about how my/the participant's health information is handled and shared.

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This consent is valid as long as I am/the participant is enrolled in the Greater Sudbury Health Link. By signing this form I do not waive any of my/the participant's legal rights.

Printed Name of Greater Sudbury Health Link Participant or Substitute Decision Maker

Signature

Date

Witness Name

Signature

Participant consent achieved and confirmed by:

Name

Signature

Agency

Date

Note to Greater Sudbury Health Link Navigators and Lead Care Coordinators: This completed document must accompany Coordinated Care Plans when they are faxed to the North East Community Care Access Centre.

Note to NELHIN – Home and Community Care: This completed document must accompany Coordinated Care Plans when they are faxed to Health Sciences North for upload to the Health Record.

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Greater Sudbury/du Grand Sudbury

* **North Eastern Ontario Network (NEON)** is a consortium of 21 hospital partners and 3 Independent Health Facilities serving residents of north eastern Ontario. The consortium shares an electronic health record so health care providers can better serve their patients.

North Eastern Ontario Network consortium members:	
Anson General Hospital, Iroquois Falls	Lady Dunn District Health Centre, Wawa
Bingham Memorial Hospital, Matheson	Lady Minto Hospital, Cochrane
Blind River District Health Centre, Blind River	Manitoulin Health Centre, Mindemoya and Little Current
Chapleau Health Services, Chapleau	Sensenbrenner Hospital, Kapuskasing
Englehart & District Hospital, Englehart	Smooth Rock Falls Hospital, Smooth Rock Falls
Espanola General Hospital, Espanola	St. Joseph's Continuing Care Centre, Sudbury
Notre Dame Hospital, Hearst	St. Joseph General Hospital, Elliot Lake
Health Sciences North, Sudbury	Temiskaming Hospital, Temiskaming Shores
Mattawa Hospital, Mattawa	Timmins & District Hospital, Timmins
Hornepayne Community Hospital, Hornepayne	Weeneebayko Area Health Authority, Moose Factory
Kirkland and District Hospital, Kirkland Lake	West Nipissing General Hospital, Sturgeon Falls