APPENDIX 6.2: CONSENT BY SUBSITUTE DECISION-MAKER

Erie St. Clair Local Health Integration Network

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

To: **Erie St. Clair Local Health Integration Network**

And To:_____

I, _____, assert that I am entitled to sign this consent on behalf of _____, as [*check the applicable box*]:

□ if the individual is capable and at least 16 years, a person authorized in writing to act on behalf of the individual and I am at least 16 years of age
□ if the individual is a child under 16 years of age, the parent of the individual or a children's aid society or other person who is lawfully entitled to give or refuse consent in the place of the parent
□ if the individual is deceased, the deceased's estate trustee or the person who has assumed responsibility for the administration of the deceased's estate, if the estate does not have an estate trustee
□ a person whom the following Act of Ontario or Canada authorizes or requires to act on behalf of the individual: _____

OR

If the individual is incapable, [note that you can only sign this consent on behalf of an incapable individual if there is no one else ranked in a category above you in the following list]
□ guardian of the person, if the guardian has the authority to give or refuse consent on behalf of the individual
□ attorney for personal care, if the attorney has the authority to give or refuse consent on behalf of the individual
□ representative appointed by the Consent and Capacity Board under s. 27 of the *Personal Health Information Protection Act,* if the appointed representative has the authority to give or refuse consent on behalf of the individual
□ spouse* or partner**
□ child or parent (other than a parent who only has a right of access), or a children's aid society or other person who is lawfully entitled to give or refuse consent in the place of the parent
□ parent with only a right of access to the individual

□ brother or sister
□ relative, other than as described above

I, _____, authorize _____ ("Health Service Provider") and its staff, and the Erie St. Clair Local Health Integration Network (the "LHIN") and its staff, to disclose to each other and to use the personal information of _____ including personal health information as appropriate for the purposes identified below and as described _____ by me to the LHIN on _____.

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 _____ 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:

Erie St. Clair Local Health Integration Network
Julie Franchuk
Communications Specialist
180 Riverview Drive, Chatham ON N7M5Z8
1-866-231-5446 ext. 3215

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

_____ _____
Signature of Substitute Decision-Maker Date

_____
Name of Substitute Decision-Maker (please print)

*Spouse means either of two persons who (a) are married to each other, or (b) live together in a conjugal relationship outside marriage and have cohabited for at least one year, are together the parents of a child, or have together entered into a cohabitation agreement under section 53 of the *Family Law Act*, unless they are living separate and apart as a result of a breakdown of their relationship.

** Partner means either of two persons who have lived together for at least one year and have a close personal relationship that is of primary importance in both persons' lives