

## CONSENT TO DISCLOSE INDIVIDUALLY IDENTIFYING HEALTH INFORMATION FOR THE PURPOSE OF ASSESSING A BLOOD/BODY FLUID EXPOSURE

**PATIENT INFORMATION** *Affix patient label here.*

Patient name: _____	
PHN: _____	DOB (dd/mm/yyyy): _____
Address: _____	
Telephone (H): _____	(C): _____

**PATIENT AUTHORIZATION**

I authorize my individually identifying health information, specifically my medical records, including the results of any tests, related to the assessment of a healthcare worker who was exposed to my blood or body fluids on \_\_\_\_\_ (date) to be accessed for 30 days from this date, by the attending Urgent Care or Emergency Room physician, for the purpose of determining the risk to the exposed health care worker (EHCW) and determining appropriate treatment in accordance with section 34 of the *Health Information Act (HIA)*.

I understand why I have been asked to disclose my individually identifying information, and am aware of the risks or benefits of consenting, or refusing to consent, to the disclosure of my individually identifying information.

I understand that this consent may be revoked at any time by the person providing it by filling out a Withdrawal of Consent to Disclose Individually Identifying Health Information for the Purpose of Assessing a Blood/Body Fluid Exposure form, available at \_\_\_\_\_.  
*(clinic name and location where incident occurred)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of patient or authorized representative\*

\*If you are signing on behalf of the patient, the following information must be provided:

\_\_\_\_\_  
Authorized representative name *(please print)*

\_\_\_\_\_  
Print source of representative's authority  
[refer to HIA Section 104 (1)] *(see next page)*

\_\_\_\_\_  
Witness name *(please print)*

\_\_\_\_\_  
Witness signature

**\* Please place this form in patient's chart and provide a copy to the EHCW in a sealed envelope marked:  
"Source Patient Consent Form – For Urgent Care/ER Physician Only"**

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**Authorized representative:** Check the box that applies to you and provide a copy of documentation that supports your authority:

- The individual is under 18 years of age but does not understand the nature of the right or power and the consequences of exercising the right or power, by the guardian of the individual, [reference HIA Section 104 (1) (c)].
- A guardian or trustee has been appointed for the individual under the Adult Guardianship and Trusteeship Act, by the guardian or trustee if the exercise of the right or power relates to the powers and duties of the guardian or trustee, [reference HIA Section 104 (1) (e)].
- An agent has been designated under a personal directive under the Personal Directives Act, by the agent if the directive so authorizes, [reference HIA Section 104 (1) (f)].
- A power of attorney has been granted by the individual, by the attorney if the exercise of the right or power relates to the powers and duties conferred by the power of attorney, [reference HIA Section 104 (1) (g)].
- The individual's nearest relative as defined in the Mental Health Act if the exercise of the right or power is necessary to carry out the obligations of the nearest relative under that Act, [reference HIA Section 104 (1) (h)].
- Any person with written authorization from the individual to act on the individual's behalf, [reference HIA Section 104 (1) (i)].
- The individual is deceased, by the individual's personal representative if the exercise of the right or power relates to the administration of the individual's estate, [reference HIA Section 104 (1) (d)].

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