

Authorization for Proxy Access to Patient's Health Information via Patient Connect

- Authorize Proxy Access (complete sections 1 - 4)
 Revoke Proxy Access (complete sections 1, 2 & 5)

1. Patient Information				
Last Name		First Name		
Date of Birth (DD/MM/YY)	MRN #	Email address		
Address		City	Province	Postal Code
Phone # (Best Daytime):			Country	
2. Proxy* Information				
Last Name		First Name		
Date of Birth (DD/MM/YY)	Email address			
Address		City	Province	Postal Code
Phone # (Best Daytime):	Alternate #:		Country	
3. Type of Access				
Adult Patient Access to another adult's health information Select one: <input type="checkbox"/> Capable adult patient (The patient should sign this form to provide authorization for release of their health information) <input type="checkbox"/> Legal guardian of adult patient Select the option below that best describes the guardianship: <input type="checkbox"/> Legal guardian (court order)** <input type="checkbox"/> Power of Attorney for Personal Care** ** Legal documentation must be provided		Minor Patient[§] Access to your minor child's health information My relationship to the child is (select one): <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian of the Patient** ** Legal documentation must be provided § Patients 14 years of age or younger are considered minor at Markham Stouffville Hospital and 16 yrs of age at Southlake Regional Health Care and Stevenson Memorial Hospital		
4. Authorization for Proxy Access				
<p>I give authorization for proxy access to my health information via Patient Connect. I understand this will include my health information collected at all the SHINE Partner Hospitals. I may withdraw my permission at any time, in writing, to one of the SHINE Partner Hospitals. The Proxy Patient Connect accounts will only be closed upon receipt of the withdrawal request.</p> <p>For requests to access a minor child's health information, both parents must sign this authorization form. Only parents requesting access to a Patient Connect account on behalf of their minor child are exempted from a patient signature. One piece of government issued photo ID will be required.</p> <p>* Proxy means an individual other than the patient who will have full access to the patient's portal information.</p> <ul style="list-style-type: none"> • For a capable patient, access is granted as a result of the patient's authorization • For an incapable patient, access may be granted by the patient's substitute decision-maker (SDM) <p>SHINE Partner Hospitals include: Markham Stouffville Hospital Southlake Regional Health Centre Stevenson Memorial Hospital</p>				
_____ Signature of Patient/1st Parent		_____ Signature of Proxy/2nd Parent		
_____ Date		_____ Date		
5. Revoke Proxy Access				
<p>I am requesting to revoke the above named proxy(ies) from being able to access my health information via Patient Connect.</p>				
_____ Signature of Patient		_____ Date		



Authorization for Proxy Access to Patient's Health Information via Patient Connect (continued)

SHINE (Shared Health Information Network Exchange) is a partnership between Markham Stouffville Hospital, Southlake Regional Health Centre and Stevenson Memorial Hospital that was developed to adopt a shared electronic medical record structure between the three hospitals.

Substitute Decision Maker (SDM) *Health Care Consent Act, 1996, Section 20 (1)*

Substitute Decision Maker List in Rank Order

- Guardian (if the guardian has the authority to make such decisions)
- Attorney for personal care or attorney for property (if the attorney has the authority to make such decisions)
- Representative (appointed by the Consent and Capacity Board under the Health Care Consent Act, 1996 if the representative has the authority to give the consent)
- Spouse or partner
- Child's custodial parent, or Children's Aid Society or other person legally entitled to give or withhold consent in place of a parent
Note: where this is the situation, the child's parent cannot consent on behalf of the child
- Parent with access rights
- Brother or sister, and
- Any other relative (related by blood, marriage or adoption)

To Consent for a Patient, the SDM Must Be

- Included in the list above.
- Available and capable of consenting.
- At least 16 years old.
- Willing to assume responsibility for giving or refusing consent.
- Free of any court order or separation agreement prohibiting them from having access to or consenting for the patient.
- The highest ranked person on the list of potential substitute decision makers who is available and capable of consenting.

If a patient is not capable of consenting and you cannot find anyone capable of consenting on their behalf and willing to take on this role, contact the Public Guardian and Trustee who can consent for the patient.

If two or more equally high-ranking substitute decision makers disagree about whether to consent, contact the Public Guardian and Trustee.