



## CONSENT FOR RELEASE OF HEALTH INFORMATION - SUPPORT STAFF

I, \_\_\_\_\_ hereby authorize the following physician(s)/treating practitioners who are involved in treatment or assessment of my current illness or disability, and any physicians and/or practitioners to whom I am subsequently referred, to disclose information regarding my current illness or disability to Homewood Health Inc. (“HHI”). Information to be exchanged will be limited to information that relates directly to and is necessary for achieving the Permitted Purpose, as described below.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

*(Please provide the name, phone number, fax and address of each physician/treating practitioner)*

I understand this information will be kept in confidence and will be used only for the Permitted Purpose, which includes: (a) rehabilitation and return to work planning, (b) determination of entitlement to general illness, (c) the arrangement of work accommodation, and (d) leave administration. I also understand that HHI may disclose some of this information on a limited need to know basis, to Organizational Health and Effectiveness, Human Resource Services and/or other employees in a relevant administrative role at the University of Alberta, in order to achieve the Permitted Purpose, or as otherwise authorized in accordance with the applicable legislation.

I understand this information will be included in my personal health information file and become a part of my personal health record retained by HHI. It will be retained in accordance with HHI’s Records Retention and Disposition Schedule and will be held and stored separately from my personnel file held by the University.

I also understand HHI may disclose any information in my personal health information file to my health care provider(s), as noted above, or with a health care provider retained by the HHI, on a limited need to know basis, in order to achieve the Permitted Purpose. HHI will notify me of the intended disclosure to the specific health care provider(s) prior to sharing personal health information.

I acknowledge that I have been made aware of the reasons why the health information is needed, and I understand the risks and benefits to me of consenting or refusing to consent. These risks and benefits are listed on the back page of this consent form.

This consent is valid and effective as of the date of my signature, for as long as required in order to achieve the Permitted Purpose, unless and until it is revoked by me. This consent can be withdrawn at any time upon written notice being provided to HHI.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

***Please Review page 2 of this form before signing.***

Protection of Privacy - The personal information requested on this form is collected pursuant to the *Personal Information Protection Act*, S.A. 2003, Chapter P-6.5. It will be used for the Permitted Purpose set out above. Direct any questions about this collection to: Homewood Health Centre/Homewood Health™, 150 Delhi St. Guelph, ON, N1E -6K9, Phone (519) 824-1010, Extension 2443, Email: [privacy@homewood.org](mailto:privacy@homewood.org)



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### RISKS AND BENEFITS OF CONSENTING OR REFUSING TO CONSENT

#### Risks

1. Handling of Personal Medical Information:

HHI and the University of Alberta are aware of the risks involved in handling personal health information, which may include:

- Risk of improper or inadvertent disclosure when sending personal health information; and
- Risks of unauthorized collection, access, use, disclosure or disposition.

It is important for you to be aware of these risks. Both HHI and the University of Alberta take the protection of your personal health information very seriously, and have policies, practices and protocols in place to minimize these risks and govern the exchange and handling of your personal health information. For more information on HHI's privacy policy, please see: <http://www.homewoodhealth.com/corporate/privacy> . For more information on the University's privacy policies and practices, please see: [www.ipu.ualberta.ca](http://www.ipu.ualberta.ca) .

#### Benefits

The benefits of signing this consent form are as follows:

- Supports comprehensive understanding and the effective coordination of care among your medical and treatment providers
- Expedites access to assessments/ treatment services
- Facilitates timely progress in return to work planning and recovery at work
- Reduces your burden of gathering and providing updated information multiple times allowing you to focus on recovery rather than 'administration'

#### Process Should You Choose Not to Sign the Consent Form

HHI and the University are committed to ensuring that staff members receive healthy recovery support in a timely fashion. It is important you understand that if you choose not to provide consent that:

- you will be responsible for gathering and providing updated medical information which may result in: delays in access to assessments/services and delays in progress on return to work planning and implementation,
- there is a possibility of incomplete or inaccurate information being provided, and
- effective and timely coordination between medical and treatment professionals may be reduced.

HHI and the University employ this consent form to support staff members in a safe, sustainable and timely return to work. The Canadian Medical Association (CMA) describes the importance of timely progress in returning to work as follows:

*"The CMA recognizes the importance of a patient returning to all possible functional activities relevant to his or her life as soon as possible after an injury or illness. Prolonged absence from one's normal roles, including absence from the workplace, is detrimental to a person's mental, physical and social well-being. A safe and timely return to work benefits the patient/employee and his or her family by enhancing recovery and reducing disability."*

*-- 2013 Canadian Medical Association policy statement*

For advice and assistance in understanding this consent, you may contact:

- the University of Alberta Privacy Office, (780) 492-9419, [foipp@ualberta.ca](mailto:foipp@ualberta.ca)
- Human Resource Services/Organizational Health and Effectiveness, 780-492-2-7124
- NASA, 780-439-3181, [nasa@ualberta.ca](mailto:nasa@ualberta.ca)