

# Consent to Use or Disclose Personal Health Information



## This document authorizes the

☐ use by: CancerCare Manitoba

☐ disclosure to: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

...of the personal health information of the following individual:

SECTION 1: Individual the Information is About		
Given Name(s)		Surname
Personal Health Identification Number (PHIN)		Health Registration Number
Date of Birth (mmm/dd/yyyy) / /		Phone Number
Address	City/Town	Postal Code

SECTION 2: Consent Details
Specific Information to be Used/Disclosed:  _____  _____  _____
Purpose for the Use/Disclosure:  _____  _____  _____

SECTION 3: Individual Providing Consent
<input type="checkbox"/> I am the individual this information is about (proceed to SECTION 5: Consent Limitation)
<input type="checkbox"/> I am authorized to exercise the rights of the individual this information is about (proceed to SECTION 4: Consent Authority)

**SECTION 4: Consent Authority**

Please check the applicable box below and attach documentation verifying that you are authorized to act on the individual's behalf:

- ☐ I have written\verbal authorization from the individual
- ☐ I am the individual's proxy appointed under *The Health Care Directives Act*
- ☐ I am the individual's committee appointed under *The Mental Health Act* and have the power to make health care decisions for the individual
- ☐ I am the individual's substitute decision maker for personal care appointed under *The Vulnerable Persons Living with a Mental Disability Act*;
- ☐ You are the parent or guardian of a minor and the minor does not have the capacity to make health care decisions;
- ☐ The individual is deceased and you are the executor or administrator of the individual's estate;
- ☐ No person above exists or is available; as per Section 60(2) of PHIA (see page 3), I wish to exercise the rights of the individual who lacks the capacity to do so because I am related to them in the following way: \_\_\_\_\_

Print name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Individual

\_\_\_\_\_  
(mmm/dd/yyyy)

**SECTION 5: Consent Limitation**

This consent ☐ is valid for this request only ☐ expires on: \_\_\_\_\_  
☐ is valid for one year \_\_\_\_\_  
 (month/day/year)

**SECTION 6: Consent Authorization**

I undertake that I have the authority indicated in Section 3 above to consent to the use or disclosure of this information.

I understand that this information is necessary for the above specified purpose(s) and that only the minimum amount of information required for the purpose(s) will be used or disclosed.

I understand that I can revoke or amend this consent in writing at any time before it expires.  
I declare that this consent has been given freely.

Date:

\_\_\_\_\_  
Signature of Individual Providing Consent

\_\_\_\_\_  
(mmm/dd/yyyy)

If you have any questions about the use of this form, please contact:

CancerCare Manitoba - Medicolegal Correspondent  
675 McDermot Street, Winnipeg, Manitoba, R3N 0V9  
Phone: (204) 787-2266 Fax: (204) 786-0185

## *THE PERSONAL HEALTH INFORMATION ACT*

### **Section 60**

#### **Exercising rights of another person**

[60\(1\)](#) The rights of an individual under this Act may be exercised

- (a) by any person with written authorization from the individual to act on the individual's behalf;
- (b) by a proxy appointed by the individual under *The Health Care Directives Act*;
- (c) by a committee appointed for the individual under *The Mental Health Act* if the committee has the power to make health care decisions on the individual's behalf;
- (d) by a substitute decision maker for personal care appointed for the individual under *The Vulnerable Persons Living with a Mental Disability Act* if the exercise of the right relates to the powers and duties of the substitute decision maker;
- (e) by the parent or guardian of an individual who is a minor, if the minor does not have the capacity to make health care decisions; or
- (f) if the individual is deceased, by his or her personal representative.

#### **If person unavailable**

[60\(2\)](#) If the trustee reasonably believes that no person listed in subsection (1) exists or is available, the adult person listed first in the following clauses who is readily available and willing to act may exercise the rights of an individual who lacks the capacity to do so:

- (a) the individual's spouse, or common-law partner, with whom the individual is cohabiting;
- (b) a son or daughter;
- (c) a parent, if the individual is an adult;
- (d) a brother or sister;
- (e) a person with whom the individual is known to have a close personal relationship;
- (f) a grandparent;
- (g) a grandchild;
- (h) an aunt or uncle;
- (i) a nephew or niece.

#### **Ranking**

[60\(3\)](#) The older or oldest of two or more relatives described in any clause of subsection (2) is to be preferred to another of those relatives.