CONSENT BY INDIVIDUAL

Waterloo Wellington 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: **Waterloo Wellington Local Health Integration Network**

And To: _____ **[Insert Name of Health Service Provider]**

I, _____ **[insert name]**, authorize _____ **[insert name of Health Service Provider]** ("Health Service Provider") and its staff, and the Waterloo Wellington Local Health Integration Network (the "LHIN") and its staff, to disclose to each other and to use my personal information including personal health information as appropriate for the purposes identified below and as described _____ **[insert mode of communication i.e. email, phone call, written letter, fax or communicated in person]** by me to the LHIN on _____ **[insert date]**.

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 you 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:

Waterloo Wellington Local Health Integration Network
Jill Kolb, Community Engagement Specialist
50 Sportsworld Crossing Road, Suite 220, Kitchener ON, N2P 0A4
519-650-4472 ex. 249

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

_____ _____
Signature Date

_____
Name (please print)