

To add or remove a Consent Directive in HealthNL, please:

- Complete the appropriate fields in the form below and sign at the bottom
- Send the signed and completed form to the address indicated.

PLEASE NOTE: Your request cannot be processed until the NL Centre for Health Information has been able to contact you by telephone to verify your information.

PART 1: ABOUT YOU

SECTION A: Please enter the following information about yourself or the individual for whom you are adding or removing a Consent Directive.

LAST NAME FIRST NAME MIDDLE INITIAL(S)

MAILING ADDRESS

APT / UNIT STREET NUMBER STREET NAME OR POST OFFICE BOX POSTAL CODE

CITY/TOWN PROVINCE SEX (CHECK ONE) FEMALE MALE OTHER UNKNOWN

DAYTIME TELEPHONE NUMBER CELL PHONE NUMBER BIRTHDATE (DD/MM/YYYY) Medical Care Plan (MCP) Number

SECTION B: If you **do not** have a MCP Number, please fill in your health card number and issuing jurisdiction below.

HEALTH CARD NUMBER PROVINCE, TERRITORY OR FEDERAL AUTHORITY

SECTION C: If you are **acting on behalf of another individual**, complete the following section with **your** information. If you are adding or removing a Consent Directive for a minor, see page two of this form.

LAST NAME FIRST NAME DAYTIME TELEPHONE NUMBER

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

APT / UNIT STREET NUMBER STREET NAME OR POST OFFICE BOX POSTAL CODE

CITY/TOWN PROVINCE

Why can you request this individual's information? (See page two for details)

PART 2: ABOUT YOUR REQUEST

SECTION A: Please select the type of request you are making.

- Add a Consent Directive
- Remove a previously requested Consent Directive

SECTION B: Would you like to be notified when this request has been fulfilled?

- Yes, notify me at the mailing address above when the request has been fulfilled
- No, I do not need to be notified

PART 3: SECURITY QUESTIONS

Please answer at least **THREE** of the following questions. You may be asked to answer these questions if you change your directive in the future.

In what city did you meet your spouse?

What was the name of your elementary school you attended?

Where were you when you heard about 9/11?

What is your mother's middle name?

In what city/town did you hold your first job?

What is your maternal grandmother's maiden name?

PART 4: SIGNATURE

Please sign and date this form and return it to the address provided on page two.

X _____
Your signature DATE SIGNED (DD/MM/YYYY)

X _____
Other parent/guardian signature DATE SIGNED (DD/MM/YYYY)

Instructions for Completing the Form

The personal information collected as part of the application process is required to identify you and prove your identity. In the case where you are applying a directive to someone else's profile, the information is also required to identify the patient and confirm that you are authorized to act on their behalf. The personal information is collected under the authority of the *Access to Information and Protection of Privacy Act* and the *Personal Health Information Act*.

Part 1: About you

Section A (about the individual's personal information):

- Fill in this section about the person for whom you would like to add or remove a consent directive (yourself or the person for whom you are acting on behalf).

Section B (if you do not have an MCP Number):

- If you do not have a MCP number, please use the health card number from your province, territory or other jurisdiction.

Section C (acting on behalf of another individual):

- An authorized representative is a person permitted to exercise the rights of an individual. This allows a trusted person to act on an individual's behalf.
- If you are requesting to add or remove a consent directive on someone else's personal health information, please fill in Section C with your own information (fill in Section A with the individual's information).
- Indicate why you can request this individual's information. You must provide documentation to support your authority to do so.

Part 2: About your request

- Please indicate if this request is to add OR remove a consent directive to your EHR profile
- Please indicate if you would like to receive notification when your request has been completed

Part 3: Security Questions

- Answer three security questions
- Should you wish to make a change to your directive in the future, these questions may be used in authenticating that request (making sure you, and only you, are asking to have your consent directive removed).

Part 4: Signature

- Please sign and date the completed form
- By signing the form, I acknowledge that:

I have read and understood the information provided on this form and agree to:

- the consequences of setting HEALTHe NL consent directives;
 - the limitations of HEALTHe NL consent directives;
 - how a HEALTHe NL consent password is used to control access to a HEALTHe NL profile;
 - that HEALTHe NL users are authorized to override HEALTHe NL consent directives based upon professional judgment;
 - my responsibility for the security of the HEALTHe NL consent password;
 - my responsibility to modify or cancel HEALTHe consent directives if I believe they no longer meet my needs;
 - my responsibility to notify the HEALTHe NL Consent Administrator if I have set a consent on behalf of another person and I no longer have authority to act on their behalf;
 - my ability to discuss, modify or cancel HEALTHe NL consent directives and how to do so; and
 - my ability to change HEALTHe NL consent passwords and how to do so.
- If you are placing or removing a consent directive on the EHR of a minor, all parents/guardians will be required to sign and date the form.

How do you submit this form?

By Mail:

NL Centre for Health Information
ATTN: Consent Administrator
70 O'Leary Ave
St. John's, NL A1B 2C7

Please write confidential on your envelope

Due to the sensitive nature of information included with your application, you are encouraged to send it via registered mail.

The Centre for Health Information is not responsible for completed applications and supporting documentation which are lost or intercepted in transit.

For more information or to request forms:

Phone: (709) 752-6000

Email: privacy@nlchi.nl.ca