

| |
|--|
| <p style="text-align: center;">Privacy Policy Disclosure with Consent</p> |
|--|

Policy Purpose:

The purpose of this policy is to provide employees and contracted physicians with direction about the form to document that the consent of a patient has been obtained.

Application:

This policy covers information that is documented in hard copy or in any other media format, including electronic media, audio or videotape and any other new and emerging technologies that may be used in the delivery of medical care services. This policy applies to employees and contracted physicians in the Department of Health and Social Services and the NWT Regional Health and Social Services Authorities.

Policy Statement:

Employees and contracted physicians use a consistent approach when asking a patient to consider providing consent for disclosure of personal health information.

Policy Requirements:

The individual providing the consent understands the specific information that will be disclosed, to whom and for what purpose. Consent should be obtain in writing and noted on the patient file.

The absence of consent must be treated as absence of an authorization for disclosure and the individual should be advised that this will not result in any adverse decision about their rights, benefits or services currently being provided to them but indicate the results, which may occur if consent is refused.

A consent should specify the length of time it will remain valid and that the individual can revoke consent at anytime.

The individual should also understand that they have the right to examine and to request a correction of their record and who the privacy contact is within the Health Authority should they request a review.

See attached sample consent form

Examples of when consent is needed:

1. A patient has been referred to an NGO for treatment.
2. A patient has requested that a Member of the Legislative Assembly assist them in resolving a situation and the Minister is relaying the information through the Department and the Minister's office to the MLA.
3. A patient has been asked to participate in a national medical registry, which will require his complete medical file ex: **Canadian Joint Replacement Registry**

Approval and Effective Date:



Chad Fehr, CEO

Jan. 22, 2009

Date

(SAMPLE CONSENT FORM FOR REFERRAL)

Sa’Naeah Prenatal Program provides programs and services to pregnant women and families with children age 0-6 in Fort Simpson.

Permission to Share Information

I the undersigned grant permission to Fort Simpson Health Centre to share the following information with Sa’Naeah Prenatal Program:

- My name
- The fact that I am pregnant
- My expected due date
- My phone number
- The actual birth date of my baby and when my baby and I have returned to the community following delivery

Purpose of Release:

I understand that this information will be used for referral to the Sa’Naeah Prenatal Program only and that it will not be shared with any other agency. I also understand that, by granting this permission, I am not obligated to accept any services from this program.

Please note:

Your refusal to sign the consent form will not result in any adverse decisions about rights, benefits or services currently being provided to you and will not disqualify you from participating in the program if you change your mind in the future.

You have the right to examine and request correction of your personal information and you have the right to request a review by the Information and Privacy Commissioner.

Name of Patient

Name of Witness

Signature of Patient

Signature of Witness

Date

Date