Ontario Ministry of Health

Consent Authorization Form:

Disclosure of Personal Claims History (PCH) Information to Third Party

Instructions

The purpose of this form is to authorize the Ministry of Health to disclose your Personal Claims History (PCH) information directly to a third party named in Section 3 based on your consent. If you do not complete all mandatory parts of this form, processing may be delayed.

A Personal Claims History (PCH) is a computer record of claims paid by the Ontario Health Insurance Plan (OHIP) under an individual health card number. These records are maintained for seven (7) years for billing and accounting purposes. A PCH is not a record of medical history or diagnosis. To obtain a record of the services provided by specific health care professionals, individuals should contact the health care provider(s) directly.

Who can consent to the disclosure of PCH information to a third party?

You can consent to the disclosure of PCH information directly to a third party if you are the individual to whom the record relates or if you are the individual's "Substitute Decision Maker" authorized under the *Personal Health Information Protection Act, 2004* (see more information about what this means, including relevant information for parents, below).

What does "Substitute Decision Maker" mean and who is authorized under the *Personal Health Information Protection Act, 2004* to act as the individual's "Substitute Decision Maker"?

A Substitute Decision Maker is someone who is authorized under the *Personal Health Information Protection Act, 2004* to consent on behalf of an individual to the collection, use or disclosure of personal health information about the individual. Substitute Decision Makers can consent to the disclosure of personal health information on behalf of individuals who do not have capacity to consent. You can act as a Substitute Decision Maker for a person who does not have capacity to consent to the disclosure of their own PCH if you have capacity **and** you are the highest ranked person in this list:

1. a Substitute Decision Maker within the meaning of the *Health Care Consent Act*, if the collection, use or disclosure of information is connected to the decision of a Substitute Decision Maker about the individual's treatment;
2. the guardian of the person or guardian of property;
3. the attorney for personal care or attorney for property;
4. the representative appointed by the Consent and Capacity Board;
5. the spouse or partner;
6. a child, a parent, a Children's Aid Society or other person who is allowed by law to give or refuse consent in the place of the parent;
7. a parent who has a right of access to the child;
8. a sibling;
9. a relative; or
10. the Public Guardian and Trustee, if no other person meets the requirements.

Who can consent for a child who is under 16 years of age?

1. **The child**, so long as the child has capacity to consent
2. **A parent of the child** (including a child with capacity), a member of a Children's Aid Society, or another person who is legally able to consent in the place of the parent with the exception of the situations noted below.
   - A child under the age of 16 who consented to their own treatment must decide whether to consent to the collection, use or disclosure of their personal health information related to that treatment.
   - If a child under the age of 16 has capacity to make a PCH request and disagrees with the decision of their parent (or the person legally able to make the request in place of the parent), the child's decision overrides the decision of their parent (or the person legally able to make the request in place of the parent).

For clarity, there are two situations in which the parent (or other legally authorized person) cannot give consent:

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1. If the personal health information relates to a treatment that a child consented to (or refused to consent); or
2. If the child is capable of consenting and makes a decision about their personal health information that conflicts with the parent, or other legally authorized person's decision.

Contact Information

For questions or assistance to complete this form, call 1-800-262-6524, or visit our website at: http://www.health.gov.on.ca/en/public/programs/ohip/phi_access/default.aspx.

Once this form is completed, you must print, sign and provide the form to the Third Party named below. Do not send this form to the ministry. It is the responsibility of the third party to submit the request.

Fields marked with an asterisk (*) are mandatory.

Section 1- Type of Request

Type of Request *

☐ Full Personal Claims History (includes service dates, fee service code (FSC) and FSC description, fee paid, provider and clinic details)

☐ Limited Personal Claims History (includes service dates and provider number only)

Time Period of Request (choose one option only) *

PCH information is being requested for the following specific period of time that does not exceed 7 years.

☐ **Option 1**

Start Date (yyyy/mm/dd) * End Date (yyyy/mm/dd) *

or

☐ **Option 2**

Start Date (yyyy/mm/dd) *

☐ Date request is processed *

Section 2 – The individual whose PCH will be disclosed under this form

Last Name * **or** Single Name *		Middle Name
First Name (not applicable if Single Name entered) *	Ontario Health Card Number *	Date of Birth (yyyy/mm/dd) *

Address associated with Ontario Health Card *

Unit Number	Street Number *	Street Name *	PO Box
City *	Province * Ontario	Postal Code *	Country Canada

Section 3 – Authority to Request the PCH

Note: the Ministry is not responsible for any subsequent use or disclosure of the personal health information (PHI) by the Third Party.

I, _____ consent to the Ministry of Health disclosing the personal
(Last Name, First Name of person providing consent) *

claims history for _____ to
(Last Name, First Name of individual named in Section 2)

for the purpose of:

_____
(Name of Third Party)

(Please provide purpose of consent to disclose personal claims history to a Third Party)

I have the legal authority to consent to this disclosure as I am:

Note: please select **one** of the following 4 options: *

☐ **Option 1:**
the individual whose PCH is being disclosed

Option 2:
I am the individual's parent or other person lawfully entitled to consent on behalf of a child who is under the age of 16.

☐ **You are not entitled to consent to the disclosure of a child's personal claims history to a third party on behalf of the child if it relates to treatment provided to the child that the child consented to on their own or if the child is capable and disagrees with you consenting to the disclosure of their personal claims history to the third party.**

Option 3:
the Substitute Decision Maker for the individual whose PCH is being disclosed, who does not have capacity to consent to
☐ this disclosure.

Please indicate your relationship to the individual. See list of authorized Substitute Decision Makers included in the instructions to this form.

Relationship

☐ **Option 4:**
the individual's estate trustee or individual who has assumed responsibility for the administration of the individual's estate.

Important: Making a false assertion is an offence under the *Personal Health Information Protection Act, 2004*.

The information being disclosed contains personal health information

Contact Telephone Number	Signature *	Date (yyyy/mm/dd) *