Ontario

Consent and Capacity Board

Form P1 - Application to the Board to Review a Determination of Incapacity under Subsection 22(3) of the *Personal Health Information Protection Act*

Section 1 - Applicant (Individual to whom the determination of incapacity applies)

Last Name		First Name	
Unit No.	Street No.	Street Name	PO Box
City/Town		Province	Postal Code
Telephone No. (including area code)	Fax No.	Email Address	

Section 2 - Application Type

I apply to the Board for a review of a health information custodian's determination that I am incapable of consenting to the:

☐ collection of personal health information

☐ use of personal health information

☐ disclosure of personal health information

Section 3 - Health Information Custodian Who Made the Determination of Incapacity

Note: An application may only be made if a health information custodian has made a relevant determination of incapacity

Last Name		First Name	
Organization or Agency			
Unit No.	Street No.	Street Name	PO Box
City/Town		Province	Postal Code
Telephone No. (including area code)	Fax No.	Email Address	

Section 4 - Information About the Facility

Are you currently an in-patient or resident at a health or residential facility ◯ No ◯ Yes, provide information about the facility

Name of Facility			Ward
Unit No.	Street No.	Street Name	PO Box
City/Town		Province	Postal Code
Contact Name (First Name, Last Name)	Telephone No. (including area code)	Fax No.	

Section 5 - Person Who Will Represent the Applicant at the Hearing (e.g. lawyer)

Last Name		First Name	
Unit No.	Street No.	Street Name	PO Box
City/Town		Province	Postal Code
Telephone No. (including area code)	Fax No.	Email Address	

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Section 6 - Other Information That Will Assist Us in Arranging the Hearing (i.e. Interpreter, Special Assistance)

Date of Application (yyyy/mm/dd)

Collection of this information is for the purpose of conducting a proceeding before this Board. It is collected/used for this purpose under the authority of subsection 22(3) of the *Personal Health Information Protection Act*. For information about collection practices, contact the Board. Fax completed application to the Board at 1 866 777-7273 or send by email to ccb@ontario.ca. For assistance, call: 1 866 777-7391 or 1 877 301-0889 (TTY).