Ontario

Consent and Capacity Board

Form P4 - Application to the Board to Appoint a Representative under Subsection 27(2) of the *Personal Health Information Protection Act*

Section 1 - Applicant (Proposed Representative)

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 to be appointed as a representative for the person named below. This application is made with respect to:

☐ collection of personal health information

☐ use of personal health information

☐ disclosure of personal health information

Section 3 - 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 4 - 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 5 - Information about the Facility

Is the individual 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.

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Section 6 - List Spouse, Partner, Parents, Siblings and Children of Individual to whom the determination of incapacity applies

WARNING: All persons in the required categories together with correct and complete contact information must be listed unless you are unable to do so and have so indicated below*. If the Individual to whom the determination of incapacity applies is under 18 years old, you must also list any agency or person legally authorized to provide consent with respect to personal health information on his or her behalf. Intentional omissions or misinformation may result in a cost award against you, dismissal of your application or sanctions.

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

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

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

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

If further room is required, check here ☐ **and add another page.**

***If you are unable to provide a complete and accurate list, please explain (attach a separate page if necessary):**

Section 7 - Person who will represent the Individual to whom the determination of incapacity applies 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

Section 8 - Person Who Will Represent the Proposed Representative 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

Section 9 - 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 27(2) 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).