Ontario

Ministry of Health

Northern Health Travel Grant

Patient Consent for Third-Party Agency Request

By completing and signing this form, you are agreeing to direct the ministry to pay the entirety of the eligible Northern Health Travel Grant amount to the approved Third-Party Agency listed in the form below.

Who can consent to the disclosure of Personal Health Information (PHI) to a Third Party?

You can consent to the disclosure of PHI 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" (SDM) authorized under the *Personal Health Information Protection Act, 2004*.

What does "Substitute Decision Maker" mean and who is authorized under the P*ersonal 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:

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 – NHTG Program:

Office hours are 8:30 a.m. to 5:00 p.m., Monday to Friday. Closed holidays.
For more information, call 1-800-262-6524.
Or go to https://www.ontario.ca/page/northern-health-travel-grant-program

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Once this form is completed, you must print, sign, and **provide the form to the third-party agency named below**.

Do not send this form to the ministry. It is the responsibility of the approved third-party agency to submit the request.

Section 1. Patient Information

10-Digit Ontario Health Card Number *	2-Letter Version Code *	Note: If Last Name entered here, First Name is mandatory. *
		Last Name * or Single Name *

Middle Name	First Name * (not applicable if "Single Name" entered)	Date of Birth (yyyy/mm/dd) *

Section 2. Third-Party Agency / Society Information

Name of Society or Agency *			Code Number	
Unit Number	Street Number *	Street Name *	PO Box	Postal Code *

City/Town *	Province *	Municipality *	Telephone Number *

Section 3. Patient / Guardian / Substitute Decision Maker (SDM) Authorization

* **I hereby certify that I am the:**

☐Patient ☐Parent / Guardian ☐SDM of the patient (see instructions)

* By completing this application, I _____ consent to the
(First Name_Last Name)

ministry's collection, use and disclosure of the personal health information associated with the application, in accordance with the Personal Health Protection Act, 2004. I also acknowledge that I received advanced funding from the Third-Party Agency/Society listed in this form and hereby direct the ministry's NHTG Program to pay the entirety of my travel grant pertaining to this NHTG application to the Third-Party Agency/Society named above.

Telephone Number *	Patient / Guardian / SDM Signature *	Date (yyyy/mm/dd) *