SickKids®

LAST NAME	(FIRST)
MRN	VISIT NUMBER
DATE OF BIRTH YYYY-MM-DD	SEX
ADDRESS	

IMPRINT OR ENTER DETAILS BY HAND

TeleLink Mental Health Program
Consent to the Disclosure of Personal Health Information

Agency client #:_____ MRN:_____

☐ Client
☐ Guardian / Substitute decision maker

I, _____
Enter Name

authorize the TeleLink Mental Health Program to disclose the personal health information of:

_____
Enter Client Name

consisting of: **TeleLink Consultation Report**,_____

To the following: _____
Enter name of Physician, Mental Health Agency etc.

_____
Enter name of Physician, Mental Health Agency etc.

☐ Client
☐ Guardian / Substitute decision maker

I, _____
Enter Name

authorize _____
Name of Site, Physician, Mental Health Agency etc.

to disclose the personal health information of _____
Enter Client Name

consisting of: _____
Describe the personal health information to be disclosed

To the TeleLink Mental Health Program.

Notice of Collection

Information collected through the TeleLink Mental Health Program will be entered into a data system used to process and schedule appointments, for quality improvement, for approved research studies that do not require information identifying the patient, and for other purposes permitted or required by law. This includes disclosure of personal health information to The Institute for Clinical Evaluative Sciences (ICES) as a prescribed entity for the purposes of section 45 of the Ontario's Personal Health Information Privacy Act. Information collected in this way will be pooled with other similar information and no one participating in this consultation will be individually or specifically identified.

☐ **I agree to be contacted to learn more about research opportunities I/my child may wish to participate in.**
I am aware that declining to participate in teaching and/or any research related activities will not have any impact on any services I/my child will receive through the TeleLink Mental Health Program.

Print name	Signature	Date (YYYY-MM-DD)	Time
Print name	Signature	Date (YYYY-MM-DD)	Time