

975 Alloy Drive, Suite 201  
Thunder Bay, ON P7B 5Z8  
Tel: 807 684-9425 • Fax: 807 684-9533  
Toll Free: 1 866 907-5446  
www.northwesthin.on.ca

**North West Local Health Integration Network**

**Consent by Individual to the Collection, Use and Disclosure of Personal Information**

*Pursuant to the Personal Health Information Protection Act, 2004, the Freedom of Information and Protection of Privacy Act, and the Municipal Freedom of Information and Protection of Privacy Act*

To: North West Local Health Integration Network

And To: \_\_\_\_\_ (*Insert Name of Health Service Provider*)

I, \_\_\_\_\_, authorize \_\_\_\_\_ [*"Health Service Provider"*] and its staff, and the North West Local Health Integration Network (the "LHIN") and its staff, to disclose to each other my personal information including personal health information as appropriate for the purposes identified below and as described \_\_\_\_\_ [*insert mode of communication i.e. in an email, telephone call, written letter or other*] by me to the LHIN on \_\_\_\_\_ [*insert date*].

**Notice of Purposes and Authority:**

The LHIN is collecting the above information in order to inquire further into the concerns that you have raised in relation to services provided or to be provided to you by the Health Service Provider, and in fulfillment of its duties and mandate under the *Local Health System Integration Act, 2006*. The LHIN will only use the information for the purposes described above.

If you have any questions about this collection and use of personal information or the consent form please contact:

**North West Local Health Integration**  
**975 Alloy Dr., Suite 201**  
**Thunder Bay, ON P7B 5Z8**  
**Telephone: (807) 684-9425**  
[northwest@lhins.on.ca](mailto:northwest@lhins.on.ca)

I understand that I can refuse to sign this consent form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_ *(please print)*