



Wood Buffalo Primary Care Network
CONSENT TO THE DISCLOSURE OF INDIVIDUALLY IDENTIFYING HEALTH INFORMATION

AUTHORIZED BY THE HEALTH INFORMATION ACT (HIA), SECTION 34

PATIENT INFORMATION:

Name: _____
Surname Given Name/Names

Date of Birth: _____
day/month/year

Address: _____

DISCLOSURE CONSENT:

I authorize my individually-identifying health information related to

(description of information/relevant dates, Central Clinic and/or After Hours Clinic visits, etc.)

To be disclosed by the **Wood Buffalo Primary Care Network** in accordance with section 34 of the Health Information Act to:

(name of recipient)

Via the following method of information transmission:

(identify the recipient's email address, fax number, mailing address, or WBPCN Central Clinic pickup)

for the following purpose(s): _____

I understand why I have been asked to disclose my individually identifying information, and am aware of the risks or benefits of consenting, or refusing to consent, to the disclosure of my individually identifying information. I understand that I may revoke this consent in writing at any time.

Dated this _____ of _____, _____. Expiry date: _____ of _____, _____
(day) (month) (year) (day) (month) (year)

Signature of patient/authorized representative*

* if you are signing on behalf of the patient, the following information must be provided:

Print Name of Authorized Representative
[refer to HIA section 104(1)]

Print Source of Representative's Authority

Witness Signature

Witness Name

FORM SUBMISSION:

Please direct your completed consent form to the WBPCN's Privacy Officer by fax (780-714-6091), email (info@wbpcn.ca), or by regular mail to "Wood Buffalo Primary Care Network, 9908 Penhorwood Street, Fort McMurray AB, T9H 0C2."

IF YOU NEED HELP:

If you have questions about the disclosure process, or are unsure about what records the WBPCN has, please consult the WBPCN's Privacy Officer: you are welcome to email info@wbpcn.ca, fax the WBPCN Central Clinic at 780-714-6091, or call the WBPCN Central Clinic Reception at 780-714-2193 and ask to be connected with the Privacy Officer.

Please note that the WBPCN operates two clinics in Fort McMurray – the Central Clinic, which hosts our Chronic Disease Management programs, and the After Hours Clinic, which provides walk-in primary care services. The administration offices of both clinics are located within the Central Clinic; therefore, regardless of whether your inquiry pertains to the Central Clinic or the After Hours Clinic, we recommend that you contact the Central Clinic with your questions. The After Hours Clinic phone line is only monitored during its evening hours of operation; daytime inquiries about any WBPCN program or clinic are best directed to the Central Clinic.

Wood Buffalo Primary Care Network CENTRAL CLINIC

9908 Penhorwood Street (in Syncrude Sport & Wellness)
Fort McMurray, AB T9H 0C2 | www.wbpcn.ca
phone: (780) 714-2193 fax: (780) 714-6091

Wood Buffalo Primary Care Network AFTER HOURS CLINIC

#327 - 8600 Franklin Avenue (River City Centre)
Fort McMurray, AB T9H 4G8 | www.wbpcn.ca
phone: (780) 743-3900 fax: (780) 743-3901