



EXPOSED WORKER CONSENT TO CREATE PATIENT CHART FOR DISCLOSURE OF LAB RESULTS RELATED TO A BLOOD AND BODY FLUID EXPOSURE (BBFE) EVENT

The Calgary West Central Primary Care Network's (CWC PCN) *Blood and Body Fluid Exposure (BBFE)* protocol includes testing the source individual for transmissible diseases when appropriate. With consent, the source patient's lab results may be disclosed to the exposed worker.

To support this disclosure, a patient chart may be created at the CWC PCN's Primary Care Centre (PCC) within the Electronic Medical Record (EMR) system for the **exposed worker**. This chart will be used to document and communicate the source's patient's health information related to the BBFE event.

Please indicate your consent or refusal below regarding the creation of a patient chart for BBFE-related updates.

I consent

I, _____ (*name*), authorize the CWC PCN to create a patient chart at the PCC in my name for the purpose of documenting and communicating health information related to the BBFE event that occurred on _____ (*date*). The collection, use, and disclosure of this information will be carried out in accordance with the *Health Information Act (HIA)*.

I understand that my individually identifying health information, including relevant medical records, may be accessed and used to assess risks associated with this exposure and to support appropriate follow-up care, in accordance with **Section 34 of the HIA**.

I acknowledge that:

- I have been informed of the reasons for this disclosure.
- I understand the potential risks and benefits of consenting or not consenting.
- My information will be safeguarded in accordance with the HIA.
- The outcomes of test results will not affect my employment.

Signature: _____

Date: _____



EXPOSED WORKER CONSENT TO CREATE PATIENT CHART FOR DISCLOSURE OF LAB RESULTS RELATED TO A BLOOD AND BODY FLUID EXPOSURE (BBFE) EVENT

I decline consent

I acknowledge that:

- I understand the potential risks and benefits of consenting or not consenting.

I, _____ (*name*), decline to provide consent to create a patient chart at the CWC PCN PPC for the purpose of documenting or communicating health information related to the BBFE event that occurred on _____ (*date*).

Signature: _____

Date: _____

If you have questions about this consent or how your information will be used, you may contact the CWC PCN Privacy Department at privacy@cwpcn.com or 403.258.2746.