



WITHDRAWAL OF CONSENT TO REVOKE FURTHER USE OF EXPOSED WORKER'S PATIENT CHART FOR DISCLOSURE OF LAB RESULTS RELATED TO A BLOOD AND BODY FLUID EXPOSURE (BBFE) EVENT

EXPOSED WORKER INFORMATION

Exposed worker name: _____

Clinic name: _____

WITHDRAWAL OF CONSENT

I, _____ (*name*) hereby revoke my consent to disclose my individually identifying health information related to the blood and body fluid exposure incident, which occurred on _____ (*date*).

I understand that this withdrawal prohibits any further use or disclosure of my individually identifying health information related to the BBFE event, and understand that this withdrawal of consent does not require the return or destruction of any information already collected and securely stored within the Calgary West Central Primary Care Network's (CWC PCN) Electronic Medical Record (EMR) system at the Primary Care Centre in alignment with the *Health Information Act* (HIA).

Date

Signature of patient or authorized representative*

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

Authorized representative name (*please print*)

Print source of representative's authority
[refer to HIA Section 104 (1)] (*see next page*)

Witness name (*please print*)

Witness signature

Please fax completed form immediately to the Calgary West Central Primary Care Network's Human Resources department at 587.390.0207. Please keep the original form in the patient's chart.

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Authorized representative: Check the box that applies to you and provide a copy of documentation that supports your authority:

- The individual is under 18 years of age but does not understand the nature of the right or power and the consequences of exercising the right or power, by the guardian of the individual, [reference HIA Section 104 (1) (c)].
- A guardian or trustee has been appointed for the individual under the *Adult Guardianship and Trusteeship Act*, by the guardian or trustee if the exercise of the right or power relates to the powers and duties of the guardian or trustee, [reference HIA Section 104 (1) (e)].
- An agent has been designated under a personal directive under the *Personal Directives Act*, by the agent if the directive so authorizes, [reference HIA Section 104 (1) (f)].
- A power of attorney has been granted by the individual, by the attorney if the exercise of the right or power relates to the powers and duties conferred by the power of attorney, [reference HIA Section 104 (1) (g)].
- The individual's nearest relative as defined in the *Mental Health Act* if the exercise of the right or power is necessary to carry out the obligations of the nearest relative under that Act, [reference HIA Section 104 (1) (h)].
- Any person with written authorization from the individual to act on the individual's behalf, [reference HIA Section 104 (1) (i)].
- The individual is deceased, by the individual's personal representative if the exercise of the right or power relates to the administration of the individual's estate, [reference HIA Section 104 (1) (d)].