



**WITHDRAWAL OF CONSENT TO FURTHER DISCLOSE
INDIVIDUALLY IDENTIFYING HEALTH INFORMATION
FOR THE PURPOSE OF ASSESSING A BLOOD/BODY FLUID EXPOSURE**

PATIENT INFORMATION

Patient name: _____

Clinic name: _____

WITHDRAWAL OF AUTHORIZATION

I, _____ (*name*), hereby revoke my consent for the Calgary West Central Primary Care Network (CWC PCN) to further use or disclose my individually identifying health information related to the blood and body fluid exposure (BBFE) event which occurred on _____ (*date*).

I understand that this withdrawal of consent does not require the return or destruction of information already collected or shared, but it prohibits the CWC PCN from any further use or disclosure of my health information related to the BBFE event.

I understand that if my information has already been shared with another healthcare provider, that provider becomes responsible for it as a separate custodian under the Health Information Act (HIA). The CWC PCN will document this withdrawal and take reasonable steps to limit any further use or disclosure by others, recognizing that it cannot compel other custodians to do so under the 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



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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.

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)].