



The Al & Malka Green Artists' Health Centre – Consent for Examination, Treatment and Collection of Information

I _____ (patient's Name), consent to undergo history taking and physical examination by clinical staff at the Artists' Health Centre in order to investigate presenting health complaints and/or other health issues. I also agree to receive recommended health care from clinicians at the Artists' Health Centre.

I understand that the recommended care may include therapy, counselling, education, diagnostic tests, or other health related activities. I understand that AHC clinicians will explain these procedures to me, including known benefits and risks, possible side effects, and the other health care options that are available to me. I will also receive information about the consequences of refusing the recommended care. All of my questions regarding recommended care will be answered to my satisfaction.

I also understand that I can stop receiving care and withdraw my consent. I agree to ask questions during and after recommended care and if there is something I don not understand about that care. The recommendations that may be provided by health care providers at the Artists' Health Centre are meant to improve my health, and I consent to participate. I also understand that the Artists' Health Centre is a multidisciplinary clinic with various healthcare practitioners and that I might be referred for additional care, both in the Artists' Health Centre and elsewhere as necessary. If additional care is recommended, it will be explained to me. I can choose to accept this additional care or not. It has been explained to me that Toronto Western Hospital is a teaching hospital and that I may be asked to allow health care providers in training to observe and/or participate in my care. I can choose to agree or not to this request.

The Artists' Health Centre handles personal health information with respect, according to the *Personal Health Information Protection Act*. Personal Health Information collected is used to: identify you at each visit; help make decisions about your care; maintain a history of the care you received; meet legal requirements; make quality improvements; support research and education programs. As a multidisciplinary team, those individuals who provide your care and support your care will have access to your information and may, as appropriate, communicate with one another about your care. In addition, The Artists' Health Centre may share information with your outside care providers (such as your family doctor) with the purposes of providing continuity of care. Please tell us if you do not want us to ask them for information about you or if you don't want us to share your information with them. Only with your additional consent, will we share your information with a family member, friend, insurance company or other person you choose.

x _____

Signature of Patient

Signature of Regulated Health Care Professional

Date

If The Person Signing Is Not The Client, State Relationship And Authority To Do So:

Signature of Substitute

Relationship

Name of Witness (Print)

Date