## Ministry of Health and Long-Term Care

## Temporary Unblocking of Access to Your Drug and Pharmacy Service Information

1. To the Health	Care Provider					
				nization in case of futur in a secure manner.	e audits. This form	
Health Number		Patient Name				
Date (yyyy/mm/dd)	Time	Facility				
Consent Provided b	The state of the s	ecision-Maker (S		Consent Obtained by		
SDM Type						
2. To the Patien	t/Substitute De	ecision-Maker	- Signature			
Please read the fo	ollowing statemen	t and sign belov	v to confirm you	are giving your consent	t:	
drugs, monitored of care provider. I un	drugs, and pharm derstand that pro is information (my	acy services the	at I have received ent for this one-ti	d for the purposes desc me access will not affe	about the publicly funded cribed to me by my health ct my existing decision to Service Information' form),	
describes how and with the <i>Personal</i> disclosure of moni ("ministry") Collect	d for what purpose Health Information tored drugs, plead tion, Use and Discon INFOline at 1-8	es the ministry r n Protection Act se see "Public N closure of Inforn 166-532-3161 (T	may use and disc t, 2004. For more Notice Regarding nation under the	elose personal health in information about the the Ministry of Health a	and Long-Term Care's Awareness Act, 2010" or	
Name of Health Car	e Provider					
Your Name or your Substitute Decision-Maker's Name Signatu			Signature		Date (yyyy/mm/dd)	
Questions						
If you have question at www.ontario.ca. ServiceOntario INF	<u>/mydruginfo</u> or co	ntact:	nd pharmacy service in Ontario only)		e visit the ministry's website	

TTY:

1-800-387-5559