

Algoma Nurse Practitioner-Led Clinic

Section: Privacy	Policy Number: PRIVFORM2018-04
Subject: Privacy and Confidentiality	Effective Date: October 24, 2018
Approved by: Executive Director	
Executive Director _____	Date _____

Withdrawal of Consent Form

Instructions

Complete the following form to withdraw your consent for the use or disclosure of your personal health information related to your medical records at the Algoma Nurse Practitioner-Led Clinic (ANPLC).

Note that only the patient or his or her substitute decision maker can withdraw consent. You will be required to provide proof of identity as well as proof that you have the authority to act on behalf of the patient if you are the substitute decision maker.

If you have any questions on how to complete this form, please contact:

Ashley Gearing, Privacy Officer
705-942-4717 Ext. 3011

Basic Identifying Information

Patient Name:	
Date of Birth:	
Health Care Number and Version Code:	

Withdrawal of Consent

I wish to withdraw consent for (*circle one*):

1. All further use and disclosure of **all of my PHI** associated with the ANPLC
2. The use and disclosure of **some of my PHI** associated with the ANPLC
3. The use and disclosure of some of my PHI by certain providers associated with the ANPLC

Algoma Nurse Practitioner-Led Clinic

Description:

If you chose #2 or #3 above, please provide more details about your consent wishes. The Privacy Officer at the Algoma NPLC can assist you. Please refer to the Patient Request Form to Restrict Collection, Use or Disclosure to PHI/Lockbox Form.

Signature:

I acknowledge that:

- I understand the implications of withdrawing consent on the services received now or in the future at the Algoma NPLC.
- I am free to change these consent directives at any time.

Patient Name:	Signature: (if applicable)	Date:
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(Please Print)

Witness Name:	Signature:	Date:
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(Please Print)

SDM Name: (if applicable)	Signature: (if applicable)	Date:
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(Please Print)