

Holland Bloorview

Kids Rehabilitation Hospital

Holland Bloorview Kids Rehabilitation Hospital
150 Kilgour Road, Toronto ON, M4G 1R8

Name: _____

Date of Birth: _____

MRN: H _____

FORM FOR CLIENTS TO OPT OUT OF SHARING DE-IDENTIFIED DATA SHARING

Holland Bloorview shares de-identified clinical data with trusted data partners to advance care, and discovery for children and youth with disability and developmental differences. 'De-identified' data is data that does not contain a client's personal information like their name, address, or health card. Learn more about how Holland Bloorview's shares de-identified clinical data: www.hollandbloorview.ca/about-us/data-sharing.

Complete this form if you **do not** want to share your de-identified clinical data with external partners.

Once you submit this form to **opt-out**, your request can take up to two weeks to process. Your choice to opt out does not impact clinical care. You can withdraw or modify this request to opt-out at any time.

How to Submit: Please send this form with copies of your identification (ID). Below is a list of examples of accepted forms of ID (this is needed if you are a client or a substitute decision maker). You can send your form to Holland Bloorview in person, by mail, by fax or by email.

- a. In Person/Mail:
Health Information Management Dept.
Holland Bloorview Kids Rehabilitation Hospital
150 Kilgour Road, Room 5E177
Toronto, ON M4G 1R8
- b. Fax: 416-425-5709
- c. By email: releaseofinformation.requests@hollandbloorview.ca

Name of the client (*please print*) _____

☐ **I would like to opt-out of sharing my data.**

I do not want to share my de-identified clinical data with external partners. By signing this form, I understand my data will not be shared to aid in research or improve care.

☐ **I would like to withdraw or modify a previous opt-out request.**

Signature of client or substitute decision maker

Date & time

Name of substitute decision maker (Please print)

Relationship to the client

Signature of Witness

Date & time

Name of Witness (Please print)

Relationship of witness to client

ID Verified by HIM Staff

☐ Yes

☐ No



* C O N A U T H D E I D N T *

LIST OF ACCEPTED FORMS OF IDENTIFICATION

Two pieces of ID is preferred. If a client/substitute decision maker has only one piece, it must be their OHIP card.

Photo Identification:

- ☐ Ontario Health Card (OHIP card)
- ☐ Driver's License
- ☐ Government Employment Card
- ☐ Age of majority Card
- ☐ Canadian Citizenship Card
- ☐ Indian Status Card
- ☐ International Student Card
- ☐ Ontario Photo Card
- ☐ Passport
- ☐ Permanent Resident Card
- ☐ Firearms Acquisition Certificate (FAC)
- ☐ Canadian National Institute for the Blind Card (CNIB)
- ☐ Student Card

Non-Photo Identification:

- ☐ Ontario Health Card (OHIP card)
- ☐ Birth Certificate
- ☐ Hospital Card
- ☐ Canadian Blood Donor Card
- ☐ Immigration Papers

