

COMPLAINT CONSENT FORM – SUBSTITUTE DECISION-MAKER

NOTE - If you have written to the RHRA as the legal substitute decision-maker for a resident and they do not have capacity to consent to the collection, use, and disclosure of their personal health information, please complete this consent form. Your consent is required for us to proceed with the complaint, as your name will be disclosed when the RHRA notifies the home of the complaint, and we need to collect, use, and possibly disclose information about the resident that we obtain through this process. If you do not complete this consent form, the RHRA may still conduct inquiries, inspections, or investigations into this matter, and may disclose some information as authorized by law, but will not be able to process it through its Complaints process, or share information with you.

I [COMPLAINANT]: _____ agree to the following:

- I understand that, under the authority of the *Retirement Homes Act, 2010*, the RHRA may collect and use information relevant to the complaint I am submitting, including personal health information (e.g. health records, medication records, etc.) of [RESIDENT]:
_____, from the retirement home complained about, health care professionals, hospitals, or other individuals who may have relevant information, for the purposes of reviewing, inquiring into, and processing, this complaint. The RHRA may share and provide information and documents it collects through the complaints process, including the personal health information of [RESIDENT]: _____, with the retirement home complained about, and in some circumstances as appropriate, with other relevant regulatory and law enforcement agencies (e.g. police, College of Nurses of Ontario, Office of the Chief Coroner, etc.). The information collected by the RHRA in processing this complaint will be used and retained in compliance with the RHRA's [Access and Privacy Code](#).
- I am the legal Substitute Decision-Maker for [RESIDENT]:
and I have attached a copy of the relevant legal documents to demonstrate this. I confirm that

[RESIDENT]: _____ is not capable of providing consent to the collection, use or disclosure of their personal health information.

- I will advise the RHRA immediately should [RESIDENT]:
become capable of providing consent to the collection, use, and disclosure of their personal health information so that the RHRA can obtain consent directly from them.

Date Signed

Signature of Complainant

Completed forms may be mailed, faxed or emailed to:

Retirement Homes Regulatory Authority ("RHRA")
Attention: Complaints Intake
55 York Street, 5th Suite 700
Toronto, ON M5J 1R7
Fax: 1-855-631-0170
Email: info@rhra.ca