

## COMPLAINT CONSENT FORM – ESTATE TRUSTEE

NOTE: If you have written to the RHRA as the estate trustee for the estate of a resident who is deceased, 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 confirm that we are authorized to share information about the resident, including the resident's personal health information (e.g. medication records, health records, etc.). If you do not complete this consent form, the RHRA may still conduct inquiries, inspections, or investigations into this matter, and disclose 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 the 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 trustee of the estate of [RESIDENT]: \_\_\_\_\_, or there is no trustee for the estate of [RESIDENT]: \_\_\_\_\_ and I have assumed responsibility for the administration of the estate, and I have attached a copy of the relevant legal documents to demonstrate this.

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**Date Signed**

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**Signature of Complainant**

Completed forms may be mailed, faxed or emailed to:

Retirement Homes Regulatory Authority ("RHRA")  
Attention: Complaints Intake  
55 York Street, 5<sup>th</sup> Suite 700  
Toronto, ON M5J 1R7

Fax: 1-855-631-0170

Email: [info@rhra.ca](mailto:info@rhra.ca)