



Personal Health Information (PHI)

Privacy Statement Receipt

I, _____, _____ have
(Name of person served) (Date of Birth)

received a copy of the **YSSN Personal Health Information Privacy Statement**. A YSSN staff member has reviewed it with me.

I understand that York Support Services Network will safeguard my personal health information and comply in all respects to the requirements of the Personal Health Information Protection Act.

I also understand that:

- I have control over my personal health information and can decide what is collected, used and shared, and with whom
- I may limit how much of my personal health information is collected, used and shared.
- I may choose to give, withhold, withdraw or restrict my consent.
- I may change my mind, at any time, about the privacy related decisions I make by providing YSSN written notice or by talking to YSSN staff.
- I may request to view the contents of my YSSN Record and ask for information to be corrected, if it is wrong, by providing YSSN written notice or by talking to YSSN staff.
- I may review my privacy related concerns with a YSSN Privacy Officer or request support from the Information and Privacy Commissioner
- At any time I may ask for more information about the privacy practices of YSSN.

This form is signed by:

☐ The service user named above _____
Signature

☐ An authorized representative of the service user named above

Print full name Signature

Relationship to person served

The person signing this form is permitted by the Personal Health Information Protection Act, 2004 to make decisions on behalf of the above named.

Dated this _____ day of _____, 2_____