

Consent to Access Personal Health Information

(Pursuant to Health PEI Communicable Disease Immunization and Tuberculosis (TB) Screening Policy)

This consent is provided under Prince Edward Island's *Health Information Act* and will only be used for the purpose described herein.

Name: _____

Date of Birth: _____

Provincial Health Number: _____

I, _____, hereby authorize Employee Health Nursing to access:
(Name)

Health PEI Clinical Information System (CIS) [***Please initial***]

Yes No

PEI Population Health Data Management System (PHDMS) [***Please initial***]

Yes No

PEI Public Health Nursing Immunization and Tuberculosis (TB) Screening Records [***Please initial***]

Yes No

This consent is provided solely for the purpose of determining, based on my immunization records, serology reports, and x-ray reports, whether I meet the immunization and tuberculosis (TB) screening requirements as required by the Health PEI *Communicable Disease Immunization and Tuberculosis (TB) Screening Policy* (the "Policy"). Which consent is permitted at the commencement of my employment with Health PEI and, upon notification, at any time thereafter for the duration of my employment, in accordance with the Policy.

I understand that I may withdraw this consent at any time by providing written notice. In the event of such withdrawal, I acknowledge that I will be required to provide Health PEI with the necessary records, in accordance with the Policy, to enable Health PEI to determine whether I meet current immunization and TB screening requirements.

If I have not authorized access to any of the databases, systems, or records identified herein, I understand that I remain responsible for providing the required documentation to Health PEI, in accordance with the Policy, to demonstrate compliance with current immunization and TB screening requirements.

Signature

Witness

Date