

Consent to Access the Clinical Information System

(Pursuant to Health PEI Policy on Immunization and Tuberculosis Testing)

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
(Name)

to access the Clinical Information System for the purpose of reviewing my immunization records, serology reports, and x-ray reports in accordance with Health PEI's Immunization and Tuberculosis Testing Policy.

I hereby release Health PEI and Employee Health Nursing from all legal responsibility or liability that may arise from the access I have authorized via this Consent.

I understand that I may withdraw this consent, in writing, at any time.

Signature

Witness

Date