



Thames Valley Midwives

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CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION

I, _____, have reviewed the Thames Valley Midwives' written statement concerning the collection, use and disclosure of personal health information.

I understand that Thames Valley Midwives is seeking my consent for it to collect, use and/or disclose my personal health information from me or from the person acting on my behalf to provide me with midwifery services, as well as;

- Conduct patient satisfaction surveys, and
- Teach outside Thames Valley Midwives, and
- Notify me of special events planned or sponsored by Thames Valley Midwives

I understand that the Thames Valley Midwives will only collect, use and disclose my personal health information with my consent as set out in its privacy policy unless a particular collection, use or disclosure is permitted or required by law without my consent.

I also understand that I can refuse to sign this consent form. I can also withdraw my consent any time by writing Thames Valley Midwives.

I hereby authorize Thames Valley Midwives to collect, use and disclose my personal health information for the purposes that I have indicated above.

Name: _____

Signature: _____

Date: _____