

Primary and Community Care (PCC) Response Teams Program Consent Form

For program participation and information sharing

We are committed to protecting your privacy. We are here to ensure you are fully informed and wish to participate in East Toronto Health Partners' (ETHP) Primary and Community Care (PCC) Response Teams program as set out below. Please let us know if you have any questions.

Please note: You may withdraw your consent to participate in and to have your information shared (as part of the PCC Response Teams program) at any time.

PCC Response Teams Program Overview

The Primary and Community Care (PCC) Response Teams is a program that offers care planning support to help adults 18 years of age or older who have complex health or social needs that are not being met.

When you are referred to this program, your care and support team will

- come together with PCC Response Teams members to discuss your case anonymously to help figure out how best to meet your needs, and
- create a coordinated care plan for you that they can use to help plan and coordinate your care.

PCC Response Teams members include family physicians, home care coordinators, nurse practitioners, case managers, social workers, mental health specialists, social/supportive housing workers, and other health and social service providers.

For more details about PCC Response Teams, and to see a full list of the organizations that participate in the program, please visit: <https://ethp.ca/pccresponseteams>. You may also speak to a member of your care and support team.

Your coordinated care plan will contain some of your personal health information. It will only be seen by

- your care and support team (the health and social service providers currently supporting your health and well-being), and
- the PCC Response Teams administrator (who will be helping your care and support team to use your coordinated care plan).

PCC Response Teams may suggest that you be connected to new supports or services. If this happens, your care and support team will talk to you about this and ask for your consent before your information is shared to make the new connection.

Program Participation Consent

I consent to be enrolled in the PCC Response Teams program and I agree to and acknowledge the following:

- I have reviewed the PCC Response Teams Program Overview and understand what the PCC Response Teams program is. I have had an opportunity to ask questions and receive answers.
 Yes No
- I have been made aware of which organizations are involved in providing care planning support through PCC Response Teams and how they will share my information with one another. Yes No
- I agree that PCC Response Teams members may discuss my situation anonymously with my care and support team to identify services that I may benefit from and to develop a coordinated care plan for me. Yes No

Information Sharing Consent

I consent to

- PCC Response Teams collecting, using, and disclosing my personal information, including my personal health information to:
 - support my care as part of the PCC Response Teams program services,
 - plan, administer and manage the PCC Response Teams program,
 - conduct quality assurance and quality improvement activities (such as sending patient satisfaction surveys, summarizing anonymous data for reports),
 - conduct research activities as approved by a research ethics board,
 - comply with regulatory requirements, and
 - fulfill other purposes permitted or required by law;
- PCC Response Teams notifying other members of my care and support team that I am enrolled in PCC Response Teams and have a coordinated care plan; and
- PCC Response Teams sharing my coordinated care plan or necessary information from my coordinated care plan to those other members of my care and support team, as may be appropriate for them to continue to care for and support me.

Yes No

Consent to electronic communications

- I understand that there is a risk involved with emailing information (e.g. the security and integrity of information sent over the internet cannot be guaranteed). Acknowledging the risks with emailing, I consent to have the PCC Response Teams and my care and support team members communicate with me or my substitute decision maker (SDM) by e-mail.

Yes, e-mail address: _____ No

I would like to **exclude** the following PCC Response Teams organizations/individuals or information from my consent above:

Name of individual(s)	Name of organization(s)	Comments

I **do not wish** for PCC Response Teams to share any of my information with the members of my care and support team listed below:

Name of individual(s)	Name of organization(s)	Type of information	Comments

1. I hereby certify and provide my consent to all items above that are listed with a "yes."
2. I acknowledge that:
 - a. My care and support team will continue to update and use my coordinated care plan, unless I withdraw my consent.
 - b. My case may be discussed anonymously with PCC Response Teams multiple times to support my ongoing care needs.
 - c. I may choose to attend, or have one of my caregivers attend, the PCC Response Teams rounds to participate in my care planning discussions.

First and Last Name of Client (Print) Signature of Client/SDM* Date

Name of Interpreter (Print) Interpreter ID No. and language used Date

SDM* Name, Relationship to Client, and Phone Number (if applicable)

Primary Alternate Contact Name, Relationship to Client, and Phone Number

*SDM = Substitute Decision Maker (person making decisions on behalf of the client)