

201 Georgian Drive,
Barrie, ON, L4M 6M2

WITHDRAWAL OF CONSENT FORM

Withdrawal of Consent

I, _____, wish to withdraw my consent to any further use of disclosure by *Royal Victoria Regional Health Centre* of my personal health information for: (Please check all that apply)

- Fundraising
- Teaching outside Royal Victoria Regional Health Centre
- Compiling statistics (other than as required by law)

I wish to place the following conditions on any further use of disclosure of my personal health information:

(Please specify condition)

This withdrawal of consent does not have retroactive effect nor does it affect the uses and disclosures of personal health information collected by *Royal Victoria Regional Health Centre* where the uses and disclosures are permitted or required by law without consent.

Name: _____

Health Card #: _____ Date of Birth: _____

Address: _____

Tel. Home: _____ Tel Work: _____

Signature: _____ Date: _____