

Health Information Services
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My Humber Health is a secure, online patient portal that connects a patient to portions of their health record at Humber River Hospital. If you would like to assign a proxy to have access to this portal on your behalf, please read this form carefully and complete the appropriate fields below. **Please note that we are unable to add more than one e-mail address per patient.**

PATIENT INFORMATION

Medical Record Number: _____

Patient Name: _____ Date of Birth: _____
LAST NAME FIRST NAME (DD/MM/YYYY)

Address: _____
STREET ADDRESS CITY PROVINCE POSTAL CODE

The following section should be completed by the patient or substitute decision maker (SDM) authorizing another individual to access the patient's personal health information available on My Humber Health.

PROXY INFORMATION

Proxy Name: _____ Relationship to Patient: _____
LAST NAME FIRST NAME

Address: _____
STREET ADDRESS CITY PROVINCE POSTAL CODE

E-mail: _____ Phone Number: _____

INFORMED CONSENT – PATIENT

- I authorize HRH to allow the above mentioned individual to access my personal health information available on My Humber Health.
- This consent does not authorize the release of the rest of my health record at Humber River Hospital to my designated proxy by other methods or in other forms.
- I understand that access to My Humber Health is provided by HRH as a convenience to its patients and that HRH has the right to deactivate access to My Humber Health at any time for any reason.
- I understand that I am able to revoke this authorization at any time by providing a written request for revocation to the Health Information Services – Wilson Site. I understand my revocation is not applied retroactively, and will not affect any disclosures that were made prior to processing the revocation request.

MY HUMBER HEALTH USER AGREEMENT – PROXY

- I understand that MY Humber Health is a secure, online patient portal containing confidential health information.
- I agree that it is my responsibility to create a strong logon ID and password, as well as ensure that the device used for accessing MY Humber Health has an up-to-date operating system and adequate protection from online threats.
- I understand that My Humber Health contains selected, limited personal health information from the patient's health record and that My Humber Health does not reflect the complete contents of the patient's health record at Humber River Hospital.
- I understand that a paper copy of the patient's health record must be requested from Health Information Services – Wilson Site with a valid **Authorization for Release/Collection of Personal Health Information** form.
- I understand that my activities within My Humber Health may be audited at any time by Humber River Hospital.

By signing below, I acknowledge that I have read and understand this document. I further acknowledge that when I create this portal account on My Humber Health, I will read the Terms and Conditions available at the time of online activation.

Signature of Patient: _____ Date: _____
(DD/MM/YYYY)

Signature of Proxy: _____ Date: _____
(DD/MM/YYYY)