

**Withdrawal of Consent for PHI**

I, \_\_\_\_\_ (Name of patient) wish to withdraw my consent to any further use or disclosure by Kingston Health Sciences Centre of my personal health information for:

(Please check all that apply)

- Conducting patient satisfaction surveys
- Research
- Fundraising
- Regional health information repositories
- Other (Please Specify) \_\_\_\_\_

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

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone # (home): \_\_\_\_\_ Alternate #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(yyyy / mm / dd)

**This form is to be sent to the Privacy Office.**

FOR INTERNAL OFFICE USE ONLY

Distributed to: <input type="checkbox"/> Patient Chart <input type="checkbox"/> Department
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## **IMPORTANT INFORMATION**

### **RESEARCH**

KHSC upholds privacy legislation to ensure that all patients have the right to choose not to be contacted about participation in our research programs. Should you choose to opt out, you will not be contacted about any research programs or offered participation in them.

Research is an important part of our clinical programs at Kingston Health Sciences Centre (KHSC). Participation in appropriate clinical studies may often be of value, not only to future patients' care, but also, at times for current patients. Access to newer forms of therapy offered by participation may be of importance in a patient's overall care. Although not all studies may be relevant to every patient, certain treatment protocols may offer patients early access to potentially optimal therapy. Please understand that even if you give consent to being approached about potential research participation, you can always decline to be included for any or all studies.

By not opting out, patients retain the flexibility to make the best choice, based on informed consent, whether to participate in each individual study.

### **PATIENT SATISFACTION SURVEYS**

KHSC is committed to manage patient compliments and concerns. Our *Patient Satisfaction Survey Tool*, which is randomly sent to patients following discharge, provides patients and family members with a way to express opinions and share compliments and constructive concerns about their experience at KHSC. The results of the surveys, which are anonymous, are taken very seriously. Patient compliments provide an opportunity for recognition of individual hospital care teams and service teams. As well constructive concerns will allow us to manage risk and identify the need of improving current professional practice, patient services and education needs within the organization.

### **FUNDRAISING**

To provide you and your family with the most advanced medical treatments and to attract and retain world-class medical professionals, KHSC needs the most up-to-date health care equipment. High-tech medical equipment is constantly being developed and upgraded, but it is very expensive. The government does not fully fund the purchase of hospital equipment, education and research. Hospital fundraising is the only way – together - we can ensure that people in Kingston and the region have access to the very best life-saving medical treatments and world-class medical professionals.

Only your name and address are provided to us for fundraising purposes, as outlined in the legislation. You may be contacted by the hospital several weeks after you have left the hospital asking for your support of the Hospitals' Foundation. Should you not wish to receive mailings in future, all you need do is advise the Foundation of your wishes.

We appreciate your continuing support.