

Source Patient Release of Information Consent and Risk Assessment

Source Patient Name: _____ Date of Birth: ____/____/____
Day Month Year

Source Patient SA#: _____

I, **(patient name)** _____ authorize the Occupational Health Service to access my medical records for the purpose of investigating a blood/body fluid exposure to a staff member for which I am the source. I agree to be tested for Hepatitis B, Hepatitis C and HIV. I understand that the results of these blood tests will be accessed by the Occupational Health Service and will be disclosed to **(health care worker name)** _____ who was exposed to my blood and/or body fluids. I understand that positive results are reportable to the local Medical Officer of Health.

I understand that the medical information released to the Occupational Health Service will be kept confidential and will only be used for the purpose outlined in this consent form.

Patient Signature: _____ Witness Signature: _____

OR

Substitute Decision Maker: _____
Print Name Signature

Date: ____/____/____
Day Month Year

Check this box if Source Patient does not consent to testing. Continue to complete risk factors as below, if known.

Source Patient Risk Factors – *To be completed by the Source Patient's nurse or other health care provider*

Check all risk factors that apply to source patient.

- Use of shared drug use equipment
- Sex worker
- History of multiple sexual partners without use of a condom
- History of sexual activity without use of a condom with someone whose HIV status is unknown or HIV positive and not on treatment
- History of sexually transmitted infection(s)
- History of medical procedures or personal services in regions where HIV is endemic
- Infants born to HIV-infected mothers
- Recipient of blood transfusion, blood products, or organ transplant in Canada between 1978 and 1985
- History of or currently known to be infected with Hepatitis C Virus
- Known to be HIV positive

Note: Consent must be signed as soon as possible after the incident. Signed consent must be sent to the Occupational Health Service by fax (705-759-3826) or email (healthnurse@sah.on.ca), and the original forms sent to Mailbox 105 (these forms do not become part of the patient file)