

## Source Patient Release of Information Consent and Risk Assessment

Source Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

Source Patient SA#: \_\_\_\_\_

I, \_\_\_\_\_ (Source Patient Name) authorize Occupational Health Services 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 Occupational Health Services and will be disclosed to \_\_\_\_\_ (Exposed 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 Occupational Health Services 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 this box if **NO** known risk factors for HIV, or Hepatitis B or C Virus

Check this box if risk factors **UNKNOWN** for HIV, or Hepatitis B or C Virus

**Otherwise, check all risk factors (below) 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](mailto:healthnurse@sah.on.ca)), and the original forms sent to Mailbox 105 (these forms do not become part of the patient file)**