

Please complete and submit the consent form online that was emailed to you. If that is not possible, please review the information below thoroughly.

Consent and Disclosure of Personal Health Information.

When you check in at the drive thru immunization clinic you will be asked several questions regarding consent and your personal information. These will be documented on the provincial vaccine registry. They are all listed here below. Please read them carefully ahead of time, as this will help speed up the process on the day of your appointment. If you have any questions, you can ask them at your appointment.

1- Collection, Use and Disclosure of Personal Health Information

The personal health information on this form is being collected for the purpose of providing care to you and creating an immunization record for you, and because it is necessary for the administration of Ontario's COVID-19 vaccination program. This information will be used and disclosed for these purposes, as well as other purposes authorized and required by law. For example, - it will be disclosed to the Chief Medical Officer of Health and Ontario public health units where the disclosure is necessary for a purpose of the Health Protection and Promotion Act. And - it may be disclosed, as part of your provincial electronic health record, to health care providers who are providing care to you. The information will be stored in a health record system under the custody and control of the Ministry of Health.

2- Consent to receive follow up communication by the Ministry of Health, Public Health or your family doctor

You may be contacted by a hospital, local public health unit, or the Ministry of Health for purposes related to the COVID-19 vaccine (for example, to remind you of follow up appointments and to provide you with a record of immunization).

We will ask you if you consent and preferred method of communication (either email or text)

3- Consent for possible participation in research studies

You have the option of consenting to be contacted by researchers about participation in COVID19 vaccine related research studies. If you consent to be contacted, your personal health information will be used to determine which studies may be relevant to you, and your name and contact information will be disclosed to researchers. Consenting to be contacted about research studies does not mean you have consented to participate in the research itself. Participating in research is voluntary. You may refuse to consent to be contacted about research studies without impacting your eligibility to receive the COVID-19 vaccine

Thanks for reading through and being prepared. We look forward to seeing you!