RHRA Retirement Homes Regulatory Authority

COMPLAINT CONSENT FORM – RESIDENT FOR THIRD PARTY

NOTE - If you are a resident or a former resident of a retirement home and another person has filed a complaint about your care or treatment at a retirement home, your consent is required for us to proceed with the complaint, and we would like you to understand how we collect and use your personal information. We need your consent to share your information, including your personal health information, with the person who has complained (the Complainant). If you do not complete this consent form, the RHRA may still conduct inquiries, inspections, or investigations into this matter and may still collect, disclose, and use your personal information as authorized by law, but will not be able to process it through its Complaints process, or share information with the Complainant.

I understand that, under the authority of the Retirement Homes Act, 2010, the RHRA may collect and use information relevant to the complaint being submitted, including my personal health information (e.g. health records, medication records, etc.), from the retirement home complained about, health care professionals, hospitals, or other individuals who may have relevant information, for the purposes of reviewing, inquiring into, and processing, this complaint. The RHRA may share and provide information and documents it collects through the complaints process, including my personal health information, with the retirement home complained about, and in some circumstances as appropriate, with other relevant regulatory and law enforcement agencies (e.g. police, College of Nurses of Ontario, Office of the Chief Coroner, etc.). The information collected by the RHRA in processing this complaint will be used and retained in compliance with the RHRA's Access and Privacy Code.

I, [*RESIDENT NAME*]:_____ , am aware that [*COMPLAINANT*]:

_____ has filed a complaint about my care at [*RETIREMENT*

HOME]:_____. I provide my consent for the RHRA to disclose

any information in relation to this complaint, including my personal health information (e.g.

health records, medication records, etc.) with [*COMPLAINANT*]:_____.

_____	_____
Date Signed	**Signature of Resident/Former Resident**

Completed forms may be mailed, faxed or emailed to:

55 York Street, Suite 700, Toronto, ON M5J 1R7
T 1-855-ASK-RHRA (1-855-275-7472) or 416-440-3570 **www.rhra.ca**

Retirement Homes Regulatory Authority (“RHRA”)
Attention: Complaints Intake
55 York Street, 5th Suite 700
Toronto, ON M5J 1R7
Fax: 1-855-631-0170
Email: info@rhra.ca