

"When you joined our Primary Health Care Group, you signed a Patient Enrolment and Consent to Release Personal Health Information Form for yourself or on behalf of a child or someone you hold a power of attorney for personal care. By signing this form, you authorized the Ministry of Health and Long-Term Care (Ministry) to share certain health-related information about you with your family, physician, specifically:

- Your name, address and health number
- The dates you were immunized or received preventive care screening services
- The dates and primary health care services that you received by family physicians outside our group.

Our group is extending access to this information to all the doctors within our clinic.

**The primary advantage of this change is that you will not have to re-enroll should your family physician leave our group (e.g. retire or move).**

All the other consents, patient commitments and cancellation conditions you agreed to when you signed the Form remain the same.

The Ministry will assume that you agree to this change, unless you call or write to say that you do not accept the change. If you do not want to be enrolled and/or want to withdraw your consent, please contact our office via email or the Ministry at:

Ministry of Health and Long-Term Care  
P.O. Box 48, Station Main  
Kingston, ON Kn. 9Z9  
Phone: 1-888-218-9929