

## Agreement to Share Personal Health Information in Personal Care Home

We respect your privacy with regards to your personal health information. In Manitoba we have provincial legislation called the Personal Health Information Act (PHIA), which controls the collection of your personal health information and requires that your information is protected.

Please check the appropriate boxes to indicate your preferences.

<b><i>I agree to have:</i></b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>1. Welcome Acknowledgement</b>			
• Published in the facility newsletter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written on a board that other residents or visitors may see	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Announced at mealtimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Birthday and Anniversary Greetings (The information may include your name, birthday, anniversary date, etc.)</b>			
• Posted on the Resident/Family Information Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• On the Monthly Activity Calendar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Announced in the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Get Well Cards</b>			
• Sent to you by residents and/or staff should you be hospitalized. (This will mean that other residents will know you are in the hospital, but the reason for being hospitalized will not be shared.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Name and Room Number Posted on:</b>			
• Resident Directory Board at entrance(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Resident Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



*I agree to have:*

**5. Pictures or Videos**

- |  | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               |
|--|--------------------------|--------------------------|--------------------------|
| • Published in the facility newsletter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Posted/viewed within the facility    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**6. Memorial Information (This information may include your name, picture, and date of passing.)**

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|---|--------------------------|--------------------------|--------------------------|
| • Posted on bulletin boards                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Written in memorial books & placed in memorial service programs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Published in facility newsletters                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**7. Other, please specify (e.g. Visitors such as service clubs, Legion, etc.)**

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<b>Date</b>	<b>Signature of Resident or Family/ Representative/Designate</b>
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<b>Date</b>	<b>Staff Signature/Designation</b>
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