

**CONSENT to Obtain and Share Medical and Psychological Reports**

I \_\_\_\_\_, understand that medical and psychological reports may be important to my participation in and decision-making in the MHS. I consent to items as checked () and completed below:

**My contact information**

Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Support Contact Name \_\_\_\_\_  Community Mental Health Nurse  \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**1. \_\_\_ Existing Reports – Production Ordered with Consent**

There may be existing medical, psychological or other records, in the possession of this Court, the Crown, my / former / lawyer the Saskatoon Health Region, the Ministry of Social Services, or others, described:

\_\_\_\_\_

These reports may be provided to the Court, the Crown Prosecutor and my lawyer.

**2. \_\_\_ New Assessments and Reports Ordered**

I agree to be assessed by a psychiatrist/psychologist/medical doctor for  fitness to plead  criminal responsibility  \_\_\_\_\_

concerning my current charges. I agree that these reports may be exchanged between these doctors / psychologists ordered to do these assessments. I understand that the reports will be given to the Prosecutor and my lawyer. I will attend necessary appointments.

**3. \_\_\_ Sharing Reports** I consent to *further* share the reports received by the Court with the following persons or organizations: \_\_\_\_\_

as follows: \_\_\_\_\_

**4.  Statistics for Research**

I consent to disclosure of my information in the current proceedings for the purpose of research and statistics provided the research and statistics reported do not identify me in any way.

**5.  Effect of Consent** - I am signing this consent voluntarily, without threat or compulsion of any kind, and  
i \_\_\_ I have received independent legal advice about this consent, **or**  
ii \_\_\_ I have been offered and refused independent legal advice about this consent.

I have given my consent for the use of these reports in proceedings for my current charges only. I understand that I can withdraw consent at any time. Should persons or organizations who receive these reports wish to share them further, I understand that they must seek my consent.

DATED at Saskatoon, Saskatchewan this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Witness signature*  
Print name \_\_\_\_\_

\_\_\_\_\_  
*Signature of Accused*

**CONSENT to Obtain and Share Medical, Psychiatric and Psychological Reports**

I, \_\_\_\_\_, a lawyer, licensed to practice in the Province of Saskatchewan, certify that:

1. I explained to \_\_\_\_\_ the purpose, effect and potential legal consequences of this Consent to Obtain and Share Medical, Psychiatric and Psychological Reports.
2. I am satisfied that the above named person:
  - i. Understood the purpose, effect and potential legal consequences of signing this Consent.
  - ii. Understood the right to privacy, protected by the *Health Information Protection Act*, and that he/she may chose to waive the right to privacy to the extent required for participation in the Mental Health Strategy.
  - iii. Understood that participation in the Mental Health Strategy is voluntary and may be withdrawn at any time.
  - iv. Understood that he/she had the option to not sign the Consent.
  - v. Executed the Consent as a result of free will, absent any threats or compulsion of any kind.

DATED at Saskatoon, Saskatchewan, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Signature of lawyer*

\_\_\_\_\_  
*Name of lawyer*

***The Health Information Protection Act provides in part:***

- This summary is provided for convenience. For reliance reference should be made to the *Act*.
- s.2(t) - A *trustee* includes: a government institution, a regional health authority or health care organization, a mental health facility, health professionals, and other persons who provide a health service.
- s.5(2) - A *trustee* may only use or disclose personal health information about an individual with their consent.
- s. 6 – Consent need not be in writing, may be express or implied and time limited. Consent requires being given information that a reasonable person in the circumstances would need to make a decision and it must relate to the purpose of the consent. It must be voluntary, informed and not obtained as a result of fraud, coercion or misrepresentation.
- s. 7 – Consent may be revoked or have retroactive effect.
- s. 9 - A person has the right to be informed about the anticipated uses and disclosures of the health information, and the *trustee* must take reasonable steps to inform the individual of the anticipated use.
- s. 27(4) – It provides when a *trustee* may disclose personal health information without consent. The section is concerned with further disclosure by a *trustee* that obtains the information through criminal justice proceedings. Disclosure may be made without consent if the *trustee* believes it is necessary to avoid or minimize a danger to the health or safety of any person. Disclosure may be made to *trustee's* successor or a person charged with making a medical decision on behalf of the individual where it is for the provision of health or social services to the individual, if it will clearly benefit the health or well-being of the individual and provided it is not reasonably practicable to obtain consent.