



If you are making a review request on behalf of another person, this form must be completed and submitted by the individual who received the care or service involved in the care quality complaint or a person authorized under the common law or legislation to make health care decisions in respect of that individual. By law, the review boards cannot collect, use, retain or disclose a person’s personal health information without a valid consent from that person or on his or her behalf. This consent becomes effective on the date this form is signed or authorized and remains in effect until the review is completed.

_____ date (yyyy / mm / dd)

I, _____ give my consent for the
name
Patient Care Quality Review Board and the Secretariat acting on its behalf to collect the personal information
of the person to whom the review request relates, from _____
name of person submitting the review request on your behalf
at _____
address of person submitting the review request on your behalf postal code

AUTHORIZATION

Please select one of the following by placing an “X” in the appropriate box:

- By making this selection I confirm that I am the individual to whom the review request relates.
- By making this selection I confirm that I am authorized under the common law or legislation to make health care decisions in respect of the individual to whom the review request relates.

And

I authorize the Patient Care Quality Review Board and the Secretariat acting on its behalf to disclose all information regarding this review request, including the personal information of the individual to whom the review request relates to the person submitting the review request on my behalf.

_____ Signature

_____ Date Signed (YYYY / MM / DD)

If you need assistance completing this form, please call 1 866 952-2448.
Patient Care Quality Review Boards, PO Box 9643, Victoria, BC V8W 9P1
Fax: 250 952-2428