

**UNITES STATES**

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**PATIENT CONSENT AND AUTHORIZATION**

**Consent for Healthcare Services (Treatment and Operations)**

I hereby consent to the collection, review, and storage of my Protected Health Information (PHI) by my healthcare practitioner (“HCP”) for the purpose of providing medical consultation, advice, diagnosis, and follow-up care (each a “Healthcare Service”).

**Authorized Recipients:** My HCP may share or maintain this PHI with other healthcare professionals, business associates, and service providers who assist in the delivery of Healthcare Services.

**Governing Policies:** I acknowledge that this information is subject to the privacy policies of the HCP’s affiliated institution and applicable federal and state confidentiality laws.

**Inquiries:** Questions regarding the maintenance or use of PHI should be directed to the HCP.

**Authorization for Use of De-Identified Data**

I authorize the use, including licensing, of my medical information in aggregated datasets for research, healthcare analytics, quality improvement, and other lawful purposes, provided the data is de-identified.

**De-Identification Standards:** Information must be de-identified in accordance with 45 C.F.R. § 164.514(b). This requires the removal of all 18 identifiers specified under the HIPAA "Safe Harbor" method, or a determination by a qualified expert that the risk of re-identification is very small.

**Prohibitions on Re-identification:** Any recipient of this data is strictly prohibited from attempting to re-identify me or matching the data with other datasets to ascertain my identity.

**Commercial Restrictions:** My medical information shall not be used for marketing or advertising purposes without a separate, explicit written authorization.

**Rights and Revocation**

This authorization remains in effect indefinitely unless I revoke it in writing.

**Revocation:** I may revoke this authorization at any time; however, such revocation will not apply to information that has already been de-identified or disclosed in reliance on this consent.

**Regulatory Compliance:** The handling of my data will comply with all applicable federal and state regulations, including HIPAA and, where applicable, the GDPR or state-specific privacy laws.

**CANADA**

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**PATIENT CONSENT FOR USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION**

**Collection and Primary Use of Information**

Your healthcare practitioner (“HCP”) will collect Personal Health Information (PHI) to provide medical consultation, advice, diagnosis, care, and follow-up (collectively, “Healthcare Services”). This information may be shared with other healthcare professionals or service providers who assist in providing these Healthcare Services based on the HCP’s professional judgment. These individuals and entities are referred to as “Authorized Recipients”.

**Legal Protections and Data Residency**

The information provided is subject to the privacy laws of your province of residence and the federal *Personal Information Protection and Electronic Documents Act* (PIPEDA).

**Storage and Jurisdiction:** Your PHI may be stored or processed on secure servers located outside of Canada. In such cases, your information may be subject to the laws of that jurisdiction, which may allow foreign government or regulatory authorities access to your data.

**Institutional Policies:** Affiliated hospitals or institutions may maintain additional policies regarding the maintenance and disclosure of your PHI.

**Use of De-Identified Information**

You consent to the use, including licensing, of your medical information in aggregated datasets for the purposes of healthcare analytics, quality improvement, and research. This use is subject to the following safeguards:

**Anonymization:** Information will only be used if it has been stripped of all direct and indirect identifiers, making it impossible to attribute the data to you, even in combination with other datasets.

**Aggregation:** Data is only included in aggregated, anonymized formats where individual patient identities cannot be reconstructed.

**Prohibitions on Re-identification:** Recipients are strictly prohibited from attempting to re-identify you or matching your data with other information to ascertain your identity.

**No Commercial Marketing:** Your PHI will not be used for third-party marketing or advertising without your separate, explicit written consent.

**Patient Rights: Access and Correction**

Under Canadian law, you maintain the following rights regarding your information:

**Access:** You have the right to request a copy of the PHI held by the HCP or Authorized Recipients.

**Correction:** You may challenge the accuracy or completeness of your records and request that amendments be made where appropriate.

**Inquiries:** If you have questions regarding the laws, regulations, or policies applicable to your information, please contact your HCP or the designated Privacy Officer.

**5. Duration and Withdrawal of Consent**

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This authorization remains in effect indefinitely unless revoked.

**Right to Withdraw:** You may revoke this consent at any time in writing.

**Limitations of Withdrawal:** Withdrawal of consent applies to the future collection and use of information. It cannot be applied retroactively to information already disclosed for care or to data that has already been permanently anonymized for research or analytics.

**Regulatory Recourse:** You have the right to lodge a complaint with the Office of the Privacy Commissioner of Canada or your provincial Privacy Commissioner if you have concerns regarding the handling of your PHI.