



## MEDICAL SERVICES AND PERSONAL HEALTH INFORMATION CONSENT FORM

I consent and authorize custodians (hereinafter referred to as health care professionals) or affiliates (collectively referred to as HICA – Health Information Custodians and Affiliates) as defined under the *Health Information Protection Act* of Saskatchewan to perform any intervention or treatment and take any measure, including preventative measures, deemed clinically indicated and necessary by any health care professional to which I am referred.

I hereby authorize the Swift Current 2019 Western Canada Summer Games Host Society, (hereby referred to as the '2019 WCSG') to collect, use and disclose my personal information including my personal health information (collectively referred to as PHI) from and to HICAs (within the 2019 WCSG and any other HICA for the purposes of follow up or referral services), and to use the PHI for the purpose of enabling, providing or assisting in the provision of Health Care Services to me during the 2019 Games.

The anticipated nature, effects, alternatives to and possible complications of the investigative procedure or treatment are to be explained to me by the health care professionals prior to receiving or declining treatment. In the event of a life threatening emergency, I authorize the recommended course of treatment without being provided an explanation.

I understand that any intervention, treatment, or any other measure, including preventive measures, involves some risks that cannot be anticipated; this includes both treatment provided at the polyclinic, satellite clinics and at the competition and training venues.

If necessary, I hereby authorize the 2019 WCSG to disclose my PHI to any or all of the following: Insurance carriers for the purpose of reimbursement in relation to any health care services provided to me; The Western Canada Games Council and KIMIK IT for the purpose of storing records related to my health care services; and My provincial/territorial medical liaison and Chef de Mission in the event of injury to myself.

Such release shall only apply to an injury or other medical emergency or existing condition requiring treatment during the 2019 WCSG and shall only be effective during the 2019 WCSG or such reasonable time related thereto.

I have read this document carefully and fully understand its terms, and I sign freely and voluntarily without any inducement. I acknowledge that I may withdraw my consent at any time.

\_\_\_\_\_  
Name of participant

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian  
(if participant is under the age of 18)