

# PHIPA FORM

## Informed Consent for Storage and Use of Personal and Health Information



**Name:** \_\_\_\_\_

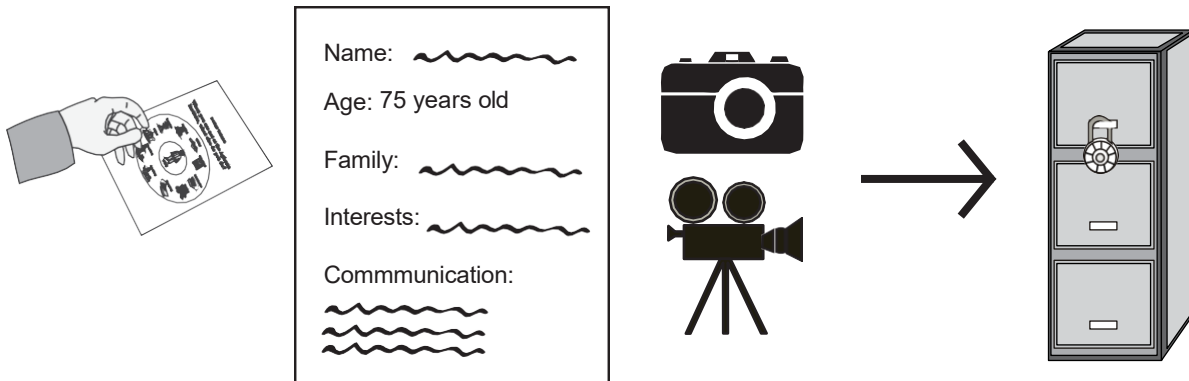
**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Staff:** \_\_\_\_\_

# We would like your consent to

☐

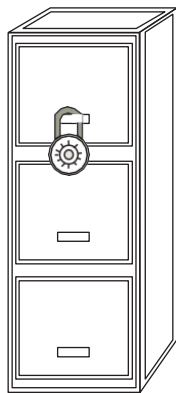
**store your personal and health information**  
(including **pictures, video** and **audio recordings**)

☐

**share your personal and health information**  
with **others** involved in your **circle of care**

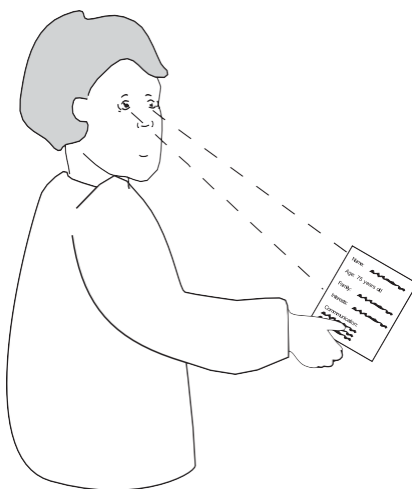


Your **personal** and **health information** will be **stored safely** and **confidentially**.

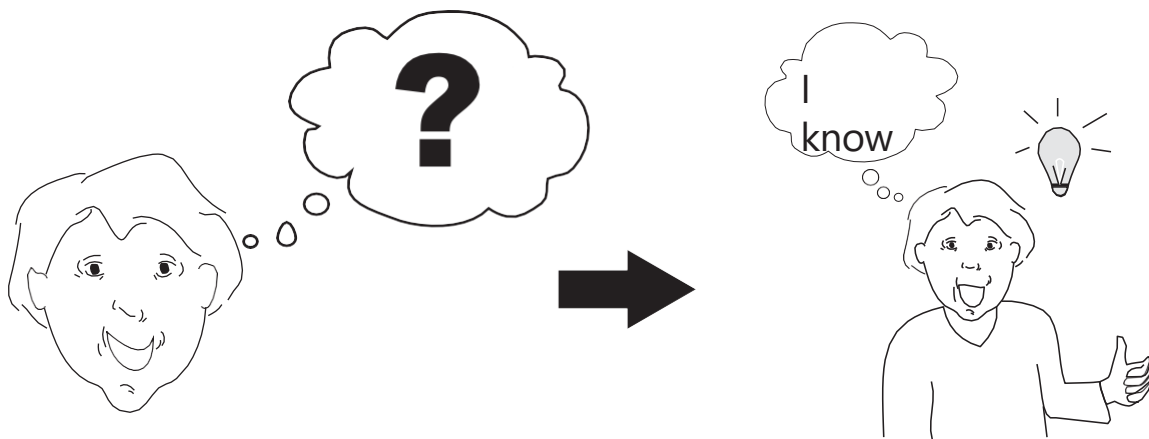


Shh

You have the **right** to **see your file** at the **Aphasia Institute** at **any time**.



All my **questions** have been **answered**



Yes

☐

No

☐

# PHIPA & PIPEDA Consent Form



I **agree** to the **storage** of my personal and health information (including pictures, video and audio recordings).



Yes



No



I **agree** that the **Aphasia Institute** can **share** my personal and health information with others involved in my care.



Yes



No

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Signature of participant

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Date

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Signature of witness

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Date

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Signature of participant

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Date

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Signature of witness

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Date

Aphasia Institute