Downsview Pediatric Urgent Care Clinic
Dahman Medicine Professional Corporation
877 Wilson Ave., Unit 13
Toronto, ON, Canada
M3K 1E6
Phone: 647-351-PEDS (7337)
Fax: 647-351-7339

PATIENT CONSENT FORM

Patient access to the DOWNSVIEW PEDIATRIC URGENT CARE CLINIC Patient Portal is granted by signing and acknowledging the Terms of Use prior to accessing the service online.

I, _____, request access to the DOWNSVIEW PEDIATRIC URGENT CARE CLINIC Patient Portal.

I have read the DOWNSVIEW PEDIATRIC URGENT CARE CLINIC Patient Portal Terms of Use Agreement and other information provided to me regarding the DOWNSVIEW PEDIATRIC URGENT CARE CLINIC Patient Portal. I have been given the opportunity to ask questions about the service and acknowledge that I understand the following:

- My use of this service is voluntary, and I may withdraw from using this service at any time, which will not affect my patient status at any DOWNSVIEW PEDIATRIC URGENT CARE CLINIC.
- My use of this service will be kept confidential by DOWNSVIEW PEDIATRIC URGENT CARE CLINIC and any disclosures of my personal health information through this service will be made only with my expressed consent.
- Other than for the purposes of administration of this service by the authorized personnel of DOWNSVIEW PEDIATRIC URGENT CARE CLINIC, its affiliates and franchises, no other person will have access to my personal health information through the DOWNSVIEW PEDIATRIC URGENT CARE CLINIC Patient Portal, except as permitted with my written consent.
- Clinical health information available through the DOWNSVIEW PEDIATRIC URGENT CARE CLINIC Patient Portal is provided by DOWNSVIEW PEDIATRIC URGENT CARE CLINIC at my request for my personal use only and may be subject to verification without notice.
- DOWNSVIEW PEDIATRIC URGENT CARE CLINIC, its affiliates, and franchises assume no liability for the release of clinical health information to me and my use of it.
- Access to and use of the DOWNSVIEW PEDIATRIC URGENT CARE CLINIC Patient Portal is subject to the DOWNSVIEW PEDIATRIC URGENT CARE CLINIC Patient Portal Terms of Use and Agreement for this service, and I agree to be bound by the aforementioned agreement.

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☐ I will receive a copy of this signed form.

_____ _____
Name of Patient (First, Last) Signature

Date

_____ _____
Name of Witness (First, Last) Signature

Date

_____
Patient Address

Daytime phone number

_____ _____
E-Mail Address Health Card Number

Date of birth