# RSV Vaccine Consent and Notice Form Template

This template is not intended to replace the requirements in the *Health Care Consent Act, 1996,* respecting informed consent. Health practitioners administering the RSV vaccine must take reasonable steps to ensure that the vaccine is not administered unless they are of the opinion that the person is capable with respect to the treatment, and the person has given consent; or that the person is incapable with respect to treatment and the person's substitute decision-maker has given consent on the person's behalf in accordance with the Act.

## **SECTION ONE**: Patient Information and Consent

By completing this form, you (or your substitute decision maker) are indicating a desire for you to receive a Respiratory Syncytial Virus (RSV) vaccine.

You acknowledge that your health care provider has provided you (or your substitute decision maker) with the information required under the *Health Care Consent Act* to provide informed consent to receive the vaccine, including:

1. The nature of the treatment.
2. The expected benefits of the treatment.
3. The material risks of the treatment.
4. The material side effects of the treatment.
5. Alternative courses of action.
6. The likely consequences of not having the treatment.

Furthermore, you (or your substitute decision maker) acknowledge that the opportunity to ask questions has been provided and that your questions have been answered to your satisfaction.

☐ I consent, or am providing consent on behalf of the patient as their substitute decision maker, to receive the vaccine.

| Last Name | First Name | Middle Name | Identification (e.g., Health Card Number) |
|---|---|---|---|
| | | | |
| **Street Address** | **City** | **Province** | **Postal Code** |
| | | | |
| **Home Phone** | **Mobile Phone** | **Email** | |
| | | | |
| **Gender** | | **Age (years)** | **Date of Birth (YYYY/MM/DD)** |
| ☐ Male<br>☐ Female<br>☐ Other<br>☐ Unknown | | | |
| **Primary Care Clinician (Family Physician/Pediatrician or Nurse Practitioner)** | | | |
| | | | |

## **SECTION TWO**: Notice of Collection, Use and Disclosure of Personal Health Information

The personal health information on this form is being collected for the purpose of providing care to you and creating/maintaining a clinical record for you. This information may also be used and disclosed for these purposes, as well as for other purposes authorized or required by law; for example,

- It may be used/disclosed to the Chief Medical Officer of Health and Public Health Ontario, where the disclosure is permitted for a purpose of the *Health Protection and Promotion Act*.
- It may be disclosed to health care providers who are providing care to you.

Your personal health information will be stored in health record systems under the custody and control of your healthcare providers and/or your local public health unit.

I understand that I may restrict the disclosure of my personal health information for health care purposes at any time by contacting my local public health unit.

## **SECTION THREE**: Consent for Communication and Research

You may be contacted by a local public health unit or the Ministry of Health for purposes related to vaccine administration (for example, to remind you of vaccines you may be eligible for and to provide you with a record of immunization). You may refuse to consent to be contacted about vaccine administration without impacting your eligibility to receive the RSV vaccine. If you consent to receiving these communications, please indicate how you would like to receive them using the boxes below.

☐ I consent to receive follow-up communications:

☐ by SMS/text: _____ ☐ by email: _____

☐ by Phone: _____

You can also consent to be contacted about participation in RSV-related research studies/surveys. If you consent to be contacted, personal health information may be used to determine which studies may be relevant to you, and your name and contact information will be disclosed to researchers. Consenting to be contacted about research studies does not mean you have consented to participate in the research itself. Participating in research is voluntary. You may refuse to consent to be contacted about research studies without impacting your eligibility to receive the RSV vaccine.

☐ I consent to be contacted about RSV-related research studies after receiving an RSV vaccine:

☐ by SMS/text: _____ ☐ by Phone: _____

☐ by email: _____

☐ by mail:

_____

I understand that I may withdraw this consent to be contacted for follow-up communications or research studies at any time by contacting my local public health unit.

| Printed Name (of Signee) | Signature | Date of Signature (DD/MM/YYYY) |
|---|---|---|
| | | |

If signing for someone other than yourself, indicate your relationship to that other person:

_____

☐ If signing for someone other than myself, I confirm that I have the legal authority to provide consent for the individual that is to receive the RSV vaccine (i.e. you are a parent, legal guardian, or substitute decision maker)

**Specific Issues re: Fixing Long-Term Care Homes Act, 2007**

The resident's consent to receive the vaccine may be withdrawn or revoked at any time.

**Statement respecting section 89 of the Act**:

Please note the following legal protection:

Every licensee of a long-term care home shall ensure that no person is told or led to believe that a prospective resident will be refused admission or that a resident will be discharged from the home because,
a) a document has not been signed;
b) an agreement has been voided; or
c)a consent or directive with respect to treatment or care has been given, not given, withdrawn or revoked.

| FOR CLINIC USE ONLY | | | |
|---|---|---|---|
| Agent | Product Name | Lot # | |
| RSV | | | |
| Anatomical Site | | Route | Dosage (Units): |
| ☐ Left deltoid ☐ Right deltoid | | Intramuscular | |
| Date Given (DD/MM/YYYY) | | Time Given | |
| | | | |