

COMPLAINT CONSENT FORM – Power of Attorney

If you have written to the RHRA, please complete this consent form, if applicable.

I have read and I understand the following:

- I, _____, on behalf of _____, authorize the RHRA
[Name of Complainant] *[Name of Resident]*
to collect any and all relevant information, including the personal health information of
_____, from the retirement home complained about, health care
[Name of Resident]
professionals, or other relevant individuals for the purposes of inquiring into and gathering facts
about this complaint.
- I understand the RHRA may share some or all of the information and documents that it receives
from me and other parties with the retirement home complained about.
- I agree to the RHRA sharing and providing copies of information and documents it receives from
me with the retirement home complained about.
- I am the legal Power of Attorney for _____ and I have attached a copy of
[Name of Resident]
the relevant legal documents. I confirm that _____ is not capable of
[Name of Resident]
providing consent to the use or disclosure of their personal health information.
- I will advise the RHRA immediately should _____ become capable of
[Name of Resident]
providing consent to the use or disclosure of their personal health information.
- I understand the information collected by the RHRA will be maintained in a confidential manner.

Date Signed

Signature of Complainant

Completed forms may be mailed, faxed or emailed to:

Retirement Homes Regulatory Authority ("RHRA")
Attention: Complaints Intake
55 York Street, 5th Suite 700
Toronto, ON M5J 1R7
Fax: 1-855-631-0170
Email: info@rhra.ca