

UNIFIED REFERRAL AND INTAKE SYSTEM (URIS) GROUP A APPLICATION

In accordance with Section 15 of The Personal Health Information Act (PHIA), the purpose of this form is to identify the child's health care intervention(s) and apply for URIS Group A.

Section I – Community program information (to be completed by the community program)  
 POSTAL CODE:

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Section II - Child information

Last Name	First Name	Birthdate												
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month (print) D D		Y Y Y Y												

Also Known As

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%	oo	Ventilator Care	
%	oo	Tracheostomy Care	
%	oo	Suctioning (Tracheal/Pharyngeal)	
%	oo	Nasogastric tube care and/or feeding	
%	oo	Complex administration of medication [i.e., via infusion pump, nasogastric tube or (other than Auto -injector)]	injection
-	-	Central or peripheral venous line intervention	
%	oo	Other clinical interventions requiring judgments and decision making by a medical or nursing professional	

Please attach a completed URIS Group B application if necessary.

Family Services and Housing  
 Education, Citizenship and Youth  
 Health



Section III - Authorization for the Release of Medical Information

I authorize the Community Program, the Unified Referral and Intake System Provincial Office, and the nursing provider serving the community program, all of whom may be providing services and/or supports to my child, to exchange and release medical information specific to the health care interventions identified above and consult with my child's physician(s), if necessary, for the purpose of developing and implementing an Individual Health Care Plan/Emergency Response Plan and training community program staff for

(child's name)

I also authorize the Unified Referral and Intake System Provincial Office to include my child's information in a provincial database which will only be used for the purposes of program planning, service coordination and service delivery. This database may be updated to reflect changing needs and services. I understand that my child's personal and personal health information will be kept confidential and protected in accordance with The Freedom of Information and Protection of Privacy Act (FIPPA) and The Personal Health Information Act (PHIA).

I understand that any other collection, use or disclosure of personal information or personal health information about my child will not be permitted without my consent, unless authorized under FIPPA or PHIA.

Consent will be reviewed with me annually. I understand that as the parent/legal guardian I may amend or

revoke this consent at any time Z L W K D Z U L W W H Q U H T X H V W W R W K H F R P P X Q L W \ S U R .

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community  
program directly.

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