



## College of Physicians and Surgeons of British Columbia

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# Authorization for Representation

This form **must** be completed if the patient will be represented by another party for the purposes of processing a complaint.

The investigation process generally requires the collection and disclosure of the patient's personal and confidential health information, we require documentation confirming the representative's authority to represent the patient and receive such information on their behalf.

Please choose from one of the sections below (A, B or C) that best describes your authority. Depending on the circumstances, the level of documentation required to support your authority may vary. Examples include will of the deceased, custody documents, power of attorney documents, etc. Enclosing the appropriate documentation will allow the College to process your complaint faster and share important details with you.

Please note that if you are unable to provide the appropriate authorization (and supporting documents), the College may still investigate the complaint. A final summary will be provided, but no personal health information will be shared. If, at any time, the College has any concerns about the accuracy or currency of the authorization provided, the College may choose not to share information until the authorization can be confirmed.

### A. The patient is a child:

- I am the patient's parent and primary caregiver. No written consent or further documentation is required.
- I am a parent, but am not authorized to represent that patient. **I have attached details/documents regarding this.**
- I am the patient's legal guardian/representative. **I have attached copies of the relevant legal documents.**

### B. The patient is capable, but would prefer a representative:

- The patient is fully capable to represent themselves, but after discussion has chosen to allow me to pursue the stated concerns on their behalf, through the College's complaints process (see below).

I understand that my representative will be considered the complainant for the purposes of processing this complaint.

I understand that my representative may receive details concerning my personal health information during the investigation of this complaint and that the College will communicate only with my representative unless I state otherwise.

I understand that if I have any questions about this form or the complaints process, that I may contact the College directly at any time using the information located at the top of this form.

I understand that I can withdraw or limit this authorization at any time by providing written notice to the College.

I agree to \_\_\_\_\_ making this complaint on my behalf with my permission to view my medical information and any other information that might be relevant to this complaint.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Authorization for Representation *continued*

### C. The patient is not capable to represent his/herself:

- The patient is unable to represent themselves because she/he is [deceased/incapable]. I have the legal authority to represent the patient and **I have attached copies of the relevant legal documents.**
- The patient is unable to represent themselves because she/he is [deceased/incapable]. I **do not** have the legal authority to represent the patient, but the legal representative has authorized me to act as the representative for the purposes of this complaint (see below). **I have attached copies of the relevant legal documents.**

I agree to \_\_\_\_\_ making this complaint on the patient's behalf with my permission to view the patient's medical records and any other information that might be relevant to this complaint. I confirm that I have the legal authority to give this permission.

Patient's legal representative (please print): \_\_\_\_\_

Signature of patient's legal representative: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to the patient: \_\_\_\_\_

Example: *parent, spouse, child, relative, lawyer, executor, attorney (appointed under a Power of Attorney), representative appointed under a Representation Agreement, etc.*