

Canadian Longitudinal Study on Aging  
**Consent Form for Disclosure to CLSA of Personal Health  
Information through Linkage to Databases**

**For more information about the study**

**Residents of British Columbia, Alberta, Saskatchewan, Manitoba, Ontario,  
Quebec, New Brunswick, Prince Edward Island or Nova Scotia**

**PLEASE CALL:  
Toll-free: 1-866-999-8303  
French and English  
E-mail: [info@clsa-elcv.ca](mailto:info@clsa-elcv.ca)**

**Residents of Newfoundland or Labrador**

**PLEASE CALL:  
English Toll-free: 1-888-908-4988  
French Toll-free: 1-866-999-8303  
(Dr. Gerry Mugford, Site Investigator, Memorial University)**

**Supported by:**  
Government of Canada through the Canadian Institutes of Health Research and the Canada  
Foundation for Innovation

**Please keep this copy for your records**



Participant ID: \_\_\_\_\_

## **Consent Form for Disclosure to CLSA of Personal Health Information through Linkage to Databases**

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I have read the information package about Disclosure to CLSA of Personal Health Information through Linkage to Databases, and I understand it.

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I have had a chance to ask questions about obtaining information held by the Canadian Institute for Health Information, and all my questions have been answered.

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I have had a chance to ask questions about 10-year retroactive linkage, and all my questions have been answered.

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I understand that I can withdraw my consent to the disclosure to CLSA of personal health information through linkage to databases at any time.

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If I choose to withdraw this consent, I understand that any future disclosures and linkage will be made only up to the date that I withdraw my consent and the data linked will remain part of the CLSA data for the length of the study.

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I understand that either accepting or refusing to provide this consent will not affect my ongoing participation in the CLSA or my original consent to link to provincial healthcare databases.

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Participant ID: \_\_\_\_\_

Please read the options below and indicate YES or NO by placing an “X” in the appropriate box.

	Yes	No
<b>Consent Option 1: Extending my Existing Provincial Data Linkage Consent to Start Dating Back 10 Years:</b>		
In my previous consent I gave permission to the provincial government to provide the CLSA team with information about me held in provincial healthcare databases, starting at the time I became a CLSA participant. Here, I give permission to the CLSA team to link to information held about me in provincial healthcare databases <u>dating back ten years before I joined the CLSA</u> and to link that information to information collected from me by the CLSA.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Consent Option 2: Linkage to CIHI databases:</b>		
I give permission for my personal health information, including my health insurance number, sex, and date of birth, to be released to the Canadian Institute for Health Information and for this organization to locate information held about me in its databases starting at the time I became a CLSA participant and for the length of the study. I consent for the Canadian Institute for Health Information to release this information about me from its databases to the CLSA study researchers, in order for it to be added to the CLSA database.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Consent Option 2a: Extending the CIHI Data Linkage Consent to Start Dating Back 10 Years:</b>		
I give permission to the Canadian Institute for Health Information to provide the CLSA with personal health information held about me in its databases <u>dating back ten years before I joined the CLSA</u> and to link that information to information collected from me by the CLSA, in order for it to be added to the CLSA database.	<input type="checkbox"/>	<input type="checkbox"/>

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**  
Principal Investigator or delegate

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature : \_\_\_\_\_



[www.clsa-elcv.ca](http://www.clsa-elcv.ca)

