

# Request for removal of Support Person

Authorization to Release Personal Health Information:

I, \_\_\_\_\_ (Client/Passenger name), **hereby authorize the following health care professional(s) to complete this form.** I also recognize and authorize TransHelp and its authorized agents/representatives to contact and/or otherwise communicate with my health care professional(s) and to receive additional information, including my personal health information, if additional information, documentation and/or clarification is required to process my application. Finally, I recognize that this information, including my personal health information, will be reviewed by TransHelp and its authorized agents/representatives for the purposes of determining TransHelp eligibility and/or service delivery options for TransHelp.

Name of Client/Passenger or Substitute Decision Maker, as applicable	Signature of Client/Passenger or Substitute Decision Maker, as applicable	Date

To submit this form:

- scan and email a copy to [transhelp@peelregion.ca](mailto:transhelp@peelregion.ca); OR
- mail a hardcopy to TransHelp Office, 2 Copper Rd., Brampton ON, L6T 4W5

## Passenger's contact information

Surname (last name) \_\_\_\_\_ First name(s) \_\_\_\_\_

Date of birth (YYYY/MM/DD) \_\_\_\_\_ Passenger/Client ID \_\_\_\_\_

Currently, this passenger requires a support person to travel with them while on TransHelp. Support persons are required for passengers who are unable to:

- travel alone
- recognize their destination
- unlock the door at their destination

The passenger named above, or their caregiver, has informed TransHelp they are able to travel alone, without a support person present.

1. Safety is our number one priority. As their health care provider, please tell us what has changed with their health status where a support person is no longer required?

## Provide Details

2. TransHelp is a shared ride service. This means, like conventional transit, other passengers may be on board and the vehicle may stop at different locations during the trip. The Operator may exit the vehicle to escort other passengers to and from the vehicle to their destination, leaving the vehicle unattended. For these reasons, please indicate if the applicant could engage in any of the following behaviour(s). (See reverse)

	Never	Sometimes	Provide details (if sometimes)
Exiting vehicle and wandering	<input type="checkbox"/>	<input type="checkbox"/>	
Causing harm to themselves	<input type="checkbox"/>	<input type="checkbox"/>	
Causing harm to others	<input type="checkbox"/>	<input type="checkbox"/>	
Making a verbal or physical threat of violence or harm	<input type="checkbox"/>	<input type="checkbox"/>	

If any of the above could happen during transportation, the applicant must have a Mandatory Support Person for each trip on TransHelp. If the above behaviours are no longer present for this passenger, they may choose to travel alone or have a support person present.

## Health Care Professional Certification

I certify that the information I have provided is accurate and current.

Surname (last name) \_\_\_\_\_ Given name(s) \_\_\_\_\_

Street address \_\_\_\_\_ Unit # \_\_\_\_\_

City or town \_\_\_\_\_ Province ON Postal Code \_\_\_\_\_

Phone number \_\_\_\_\_ Occupation and Professional  
Registration Number \_\_\_\_\_

Date (year/month/day) \_\_\_\_\_ Signature \_\_\_\_\_

Stamp of Registered Health Care Professional