



## CONSENT DIRECTIVE/ REQUEST TO LOCK PERSONAL HEALTH INFORMATION

### Information and Instructions

The Personal Health Information Protection Act provides patients with the option of requesting that their personal health information be withheld or withdrawn (locked) from access/use/disclosure, in whole or in part, at the written request of the patient or their Substitute Decision-Maker (SDM). This would include information that the hospital has received from the patient, their SDM or another doctor, hospital or agency for the purpose of providing or assisting in the provision of health care to them. In the event where a consent directive/lock request relates to information contributed by eHealth Ontario or another regional/provincial system, you will be redirected accordingly.

Upon submission of the form, an interview with the patient will be conducted to provide information on implications and risks of locking personal health information. Please see written procedure, and listed implications and risks of locking PHI on back

### PATIENT INFORMATION (please print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (yyyy/mm/dd) Alternate Number: \_\_\_\_\_

### If you are a Substitute Decision-Maker (SDM), we require the following information: (please print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### DESCRIBE THE PERSONAL HEALTH INFORMATION FOR THE CONSENT DIRECTIVE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PATIENT ACKNOWLEDGMENT

The nature, effects and risks of locking my personal health information have been explained to me and I confirm that I understand the explanation. I have had the opportunity to ask questions and these have been answered to my satisfaction.

Patient Signature: \_\_\_\_\_ SDM Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable) (yyyy/mm/dd)

<b>INTERVIEW WITH PATIENT/SDM (Internal Use)</b>	<b>Date of Request:</b> _____ (yyyy/mm/dd)
<b>OUTCOME:</b> Complete File Lock <input type="checkbox"/> Sequester Visit(s) <input type="checkbox"/> Process Excluded Employee <input type="checkbox"/>	
_____ _____ _____	
<b>Staff Signature:</b> _____	<b>Staff Printed Name:</b> _____ <b>Date:</b> _____ (yyyy/mm/dd)

## RISKS AND IMPLICATIONS OF LOCKING PERSONAL HEALTH INFORMATION (PHI)

This information is to be reviewed with the patient/SDM.

1. Kingston Health Sciences Centre (KHSC) has an obligation to provide and respect total confidentiality of personal health information (PHI). There is a risk that care may be affected and/or delayed if all PHI is not available to care providers.
2. This direction being expressed by you to lock information is with regard to your official KHSC medical record only. Physicians providing care may keep separate records and you would have to contact them directly to express your wishes for locking your PHI.
3. If your PHI subject to this consent directive/lock box is contained in the eHealth Ontario repository, you must contact them directly at [www.ehealthontario.on.ca](http://www.ehealthontario.on.ca)
4. This request will be fulfilled on a best effort case basis.
5. A record cannot be locked during active care (e.g. inpatient, clinic visit). No pending or future appointments can be booked in a locked chart.
6. KHSC has an obligation to report in accordance with the law, for certain hospital practices and for the purposes of providing care in emergency situations.
7. By law, we have a duty to inform other health information custodians that requested information is subject to consent directive/lock box instruction by you.
8. The consent directive/lock-box provisions apply to the PHI you request be locked.

### Internal Use:

#### **PROCEDURE FOR LOCKING PERSONAL HEALTH INFORMATION (PHI)**

1. During business hours (Monday to Friday, 0830-1630), contact the Privacy Office at 613-549-6666 ext. 62567 to inform of patient/SDM wish to make a consent directive/lock-box.
2. An interview/discussion will be arranged with the KHSC Privacy Office and the patient. The patient/SDM should be informed that an interview will be scheduled at the soonest available time.
3. The risks of locking PHI and systems capabilities will be discussed with the patient/SDM.
4. The "Consent Directive: Request to Lock Personal Health Information" form will be signed by the patient/SDM and forwarded to the Privacy Office.
5. The Privacy Office will activate the initial lock in the electronic record as appropriate. The signed request form will be sent to Patient Records for scanning into the patient record.
6. Where paper records exist, a copy of the signed documentation of the request is placed on the paper record inside a sealed envelope with a copy of the "lock request form" attached to the outside of the envelope.

**\*\* Ensure that the CONSENT DIRECTIVE: REQUEST TO LOCK PERSONAL HEALTH INFORMATION form is completed and signed by the patient/SDM.**