

Request to Lock Personal Health Information

Information and Instructions

The Personal Health Information Protection Act provides patients with the option of requesting that personal health information be locked from use/disclosure at the written request of the patient. This would include information that the hospital has received from them, their Substitute Decision Maker or another doctor, hospital or agency for the purpose of providing or assisting in the provision of health care to them.

An interview with the patient will 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 of this form.

PATIENT INFORMATION (please print)

Last Name: _____ First Name: _____ Initials: _____

Mailing Address: _____

Date of Birth: _____

Telephone #: _____ yyyy/mm/dd Alternate #: _____

If you are a substitute decision-maker (SDM), we require the following information: (please print)

Last Name: _____ First Name: _____ Initials: _____

Mailing Address: _____

Telephone #: _____

DESCRIBE THE PERSONAL HEALTH INFORMATION YOU WANT LOCKED

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

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

RISKS AND IMPLICATIONS OF LOCKING PERSONAL HEALTH INFORMATION (PHI)

This information is to be reviewed with the patient.

1. The hospital has an obligation to provide and respect total confidentiality of personal health information. There is a risk that care may be affected and/or delayed if all personal health information is not available to care providers.
2. This direction being expressed by you to lock information is with regard to your official hospital 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 personal health information.
3. This request will be fulfilled on a best effort case basis.
4. 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.
5. The hospital has an obligation to report in accordance with the law, for certain hospital practices and for the purposes of providing care in emergency situations.
6. By law, we have a duty to inform other health information custodians that requested information is subject to lock box instruction by you.
7. The lock box provisions apply to the personal health information you request be locked.

Internal Use:

PROCEDURE FOR LOCKING PERSONAL HEALTH INFORMATION (PHI)

1. During business hours (0830-1630), contact the Privacy Office at KGH ext. 2567 to inform of patient's wish to lock personal health information.
2. An interview/discussion will be arranged with the Privacy Officer/delegate and the patient. The patient should be informed that an interview will be scheduled at the soonest available time.
3. The risks of locking personal health information and systems capabilities will be discussed with the patient.
4. The "Request to Lock Personal Health Information" form will be signed by the patient or substitute decision maker (if applicable).
5. The Privacy Office will activate the initial lock in the electronic record. The signed request form will be sent to Patient Records for scanning into the 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 box chart form" attached to the outside of the envelope.

**** Ensure that the REQUEST TO LOCK PERSONAL HEALTH INFORMATION form is completed and signed by the patient.**