

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 personal health information (PHI) be locked from access/use/disclosure at the written request of the patient. This would include information that Kingston Health Sciences Centre 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. 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. 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: _____ yyyy/ mm/ dd	
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: _____	yyyy/ mm/ dd

RISKS AND IMPLICATIONS OF LOCKING PERSONAL HEALTH INFORMATION (PHI)

This information is to be reviewed with the patient.

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 1-866-250-1554 or info@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 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 (0830-1630), contact the Privacy Office at 613-549-6666 ext. 2567 to inform of patient's wish to make a consent directive/lock-box.
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 PHI and systems capabilities will be discussed with the patient.
4. The "Consent Directive: Request to Lock Personal Health Information" form will be signed by the patient or substitute decision maker (if applicable) and forwarded to the Privacy Office.
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 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 box chart 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.**