



Request to Lock Personal Health Information

Information and Instructions for PATIENTS

The Personal Health Information Protection Act ("PHIPA") provides individuals with the option to withhold or withdraw their consent to the use/disclosure of their personal health information at the written request of the patient or their substitute decision maker (SDM). The Office of Access and Privacy will review the request to lock records and provide information to the patient/SDM on the potential implications and risks of locking personal health information.

Patient Name		Date of Birth (DD/MM/YYYY)	Medical Record Number
Address		Health Card #	
Phone # (Best Daytime)		Alternate #	
To be Completed if SDM is Requesting Lockbox			
SDM Name		Phone # (Best Daytime)	
Relationship to Patient		Alternate #	
Address			
Personal Health Information You Want Locked (Select One)			
<input type="checkbox"/> Specific visit (DD/MM/YYYY): _____		<input type="checkbox"/> Complete health record at Oak Valley Health up until the date of this request	
<input type="checkbox"/> Specific range of dates: From _____ to _____			
<input type="checkbox"/> Other (please provide as much detail as possible): _____			
Risks and Implications of Locking Personal Health Information (PHI)			
Patient/SDM Acknowledgement			
<ul style="list-style-type: none"> ● I understand that, should this be request be approved, locking my records may affect the ability of the hospital staff and physicians to accurately assess my health care needs. I understand there is a risk that care may be affected and/or delayed if all personal health information is not available to care providers in a timely manner. ● I understand that this direction applies strictly to the official hospital medical record. Physicians providing care may keep separate records and I must contact them directly to express my wishes for locking my personal health information held in their custody or control. ● I understand that I will need to submit a consent directive to Ontario Health directly to express my wishes for locking my personal health information in Ontario's provincial electronic health record database. ● I understand that, in certain situations, my personal health information may be disclosed in an emergency situation without my express consent as permitted or required by law and if the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons. ● I understand that this request cannot be applied retroactively. Oak Valley Health cannot prevent or rescind accesses and/or releases that occurred in the past. ● I understand that a record cannot be locked during active care (e.g. an inpatient or clinic visit). ● I understand that a new request to lock my personal health information must be completed after every visit. I cannot lock visits that have not yet occurred. ● I understand that I have the option to withdraw the above instructions at any point in the future. ● I understand that I will be informed by the hospital whether this request has been approved or denied. <p>Prior to signing this document, I confirm that the nature, affects and risks of locking my personal health information have been explained to me and that I understand the explanation. I have had the opportunity to ask questions and these have been answered to my satisfaction.</p>			
_____ Patient/SDM Signature		_____ Print Name	_____ Date
Interview with Patient/SDM (Hospital use only)			
Date of Request: _____		Outcome: _____	
_____ Staff Signature		_____ Print Name	_____ Date

