

# ALTERING CONSENT DIRECTIVE

## EXPRESS INSTRUCTIONS - PERSONAL HEALTH INFORMATION

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### **Information and Instructions for PATIENTS**

Altering Consent Directive, Express Instruction - Personal Health Information is a request to “unlock” a record that previously had been “locked” at your request. A record can be unlocked when the patient/substitute decision maker changes their mind, or when the health care provider believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing significant risk of serious or bodily harm to a person or group of persons. You must complete and sign the “Consent Directive Express Instruction - Personal Health Information” form if you decide to lock your record again.

If the request to unlock the record is made by the client Sections A and B must be completed. If the request to unlock the health record is by the substitute decision maker A and C must be completed.

### **Information and Instructions for STAFF and HEALTH CARE PROVIDERS**

Health care providers can unlock a health record in emergency situations when it is believed, on reasonable grounds, that the disclosure is necessary for the purpose of eliminating or reducing significant risk of serious or bodily harm to a person or group of persons. Section A and D must be completed and you must contact the McMaster University Privacy Office at the earliest opportunity.

### **Section A – Client Information**

**Please print:**

FAMILY NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ (HOME) \_\_\_\_\_ (MOBILE)

## **Section B –Request from the Client**

*If you are a substitute decision maker, and the client is deemed incapable, please complete Section C*

I, \_\_\_\_\_ wish to unlock the following records:

(Please print your name above)

- The entire contents of the McMaster University record.      OR
- All documents/reports/notes contained in the McMaster University record pertaining to visits within a specified historical date range from: \_\_\_\_\_ to \_\_\_\_\_.

I understand that in order to lock my personal health information again, I must complete and sign the Consent Directive Express Instructions - Personal Health Information form with a regulated health professional.

I will not hold McMaster University responsible for any outcome to the extent that it is caused or contributed to by limitations imposed by this instruction.

CLIENT NAME:

\_\_\_\_\_

CLIENT SIGNATURE:

\_\_\_\_\_

DATE: \_\_\_\_\_

## **Section C – Request from the Substitute Decision Maker**

As the client's substitute decision maker, I pledge that this instruction reflects the wishes, values and beliefs that I know the client holds.

**Please ensure you have also completed Section A.**

Acting on behalf of \_\_\_\_\_, I \_\_\_\_\_  
(Please print client name) (Please print your name)

wish to unlock the following health records:

- The entire contents of the McMaster University record. OR
- All documents/reports/notes contained in the McMaster University record pertaining to visits within a specified historical date range from: \_\_\_\_\_ to \_\_\_\_\_.

I understand that in order to lock this personal health information again, the Consent Directive Express Instructions - Personal Health Information form must be completed with a regulated health professional.

I will not hold McMaster University responsible for any outcome to the extent that it is caused or contributed to by the limitations imposed by this instruction.

**Please print your information as substitute decision maker:**

FAMILY NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ **Home)** \_\_\_\_\_ **(Mobile)**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please include copies of documents that provide your authority as a substitute decision maker and proof of identification with this request.**

## Section D – Request from Staff or Health Care Provider

Health care providers can unlock a health record in emergency situations when it is believed on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious or bodily harm to a person or group of persons.

In my capacity as care provider to \_\_\_\_\_, I,  
(please print client name)

\_\_\_\_\_  
(please print your name)

wish to unlock the following health records:

- The entire contents of the McMaster University record.      OR
- All documents/reports/notes contained in the McMaster University record pertaining to visits within a specified historical date range from: \_\_\_\_\_ to \_\_\_\_\_.

Please provide your rationale as to why you would like to unlock these records:

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

**Please print your information as health care provider:**

FAMILY NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_