

CONSENT DIRECTIVE

EXPRESS INSTRUCTIONS - PERSONAL HEALTH INFORMATION

Information and Instructions for CLIENTS

The purpose of this document is to record a request to “lock” (prevent access to) specific portions of a record or a record in its entirety by placing limits on the collection, use and disclosure of your health record information. This form must be reviewed and explained by a regulated health professional. You will have the opportunity to indicate what health record information you wish to lock and to whom you wish to lock it from. Following a review of this request, a response to the express instruction will be complete within 7 business days from the date that this form is signed.

Information and Instructions for STAFF and HEALTH CARE PROVIDERS

This form will be reviewed and explained by a regulated health professional. That individual must ensure that the requester understands all of the potential implications for future care if their personal health information is not available to health care providers.

Requester Information:

_____	_____	_____
Client's Last Name	First Name	Middle Name or Initial

Mailing Address		

_____	_____	_____
Telephone Number	Date of Birth	Ontario Health Card Number
<u>If you are a substitute decision maker</u> , please provide your contact information.		
_____	_____	_____
Last Name	First Name	Middle Name or Initial

Mailing Address		

Telephone Number		
Note: Please include copies of documents that provide your authority as a substitute decision maker.		

I _____ on this _____ day of _____, 20____,
instruct McMaster University to “lock” my health record information in accordance with the terms
and details below.

I understand and agree that:

1. At this point, only that portion of my record/personal health information designated below may be locked.
2. This instruction may result in time delays during visits.
3. This instruction may prevent staff and physicians from accurately assessing my health status. This may result in duplicate diagnostic procedures, or ineffective or insufficient treatment as a result of not having necessary information, which could lead to serious consequences up to and including disability and death.
4. When personal health information has been locked and the University is prevented from disclosing certain personal health information which the University considers reasonably necessary for the provision of health care, the University must notify the care provider of that fact.
5. The College of Physicians and Surgeons of Ontario believes that client safety should always remain paramount. As such, in non-emergency situations, physicians are not obliged to accept or treat a client about whom they have insufficient information.
(<http://www.cpsso.on.ca/Publications/publications.htm>)
6. The locked record information may be disclosed and used in an emergency situation without my express consent as required or permitted by law, including situations where 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.
7. I can reverse this instruction at any time. In the event that I want my information to be unlocked, I can contact the appropriate regulated health professional.
8. I will not hold the University responsible for any negative outcome to the extent that it is caused or contributed to by the limitations imposed by this instruction. I hereby release, indemnify and hold harmless the University and its directors, officers, physicians, employees and agents from all actions, causes of action, suits, claims, liability, complaints, damages, demands of any kind resulting from any ill effects, injuries or damages arising from my decision to lock the record information referenced herein.
9. If I am not the client, I am the client's legally authorized substitute decision-maker, and this instruction reflects the wishes, values and beliefs that I know the client holds.

My healthcare provider/or other regulated health professional has reviewed the contents of this document with me. I understand and accept the above terms.

(Signature of client or substitute decision maker)	(Name and signature of physician or other regulated health professional)
Copy provided to client: Yes	Date
No	

LOCKING DETAILS

What is being locked?

The University currently locks paper records in 2 ways depending on the following options (see below). The different types of locking will be explained to you during your consultation with your regulated healthcare professional. Please indicate below what personal health information you would like to lock and from whom.

I wish to lock:

- The entire contents of the McMaster University file as of the date of this request. OR
- All documents/reports/notes contained in the McMaster University file pertaining to visits within a specified historical date range: from _____ to _____.

Who it is being locked from?

Once you have decided what personal health information you would like to lock you must decide whom you are locking this information from.

I wish to lock the part of my record indicated above, from:

- Everybody, OR
- A specific individual(s), please specify the name(s)

(Name of client or substitute decision maker)

(Signature)

(Name of Witness/Privacy Office Representative)

(Signature)