Electronic Health Record Request for Consent Directive Form

Overview

A consent directive gives an individual the option to restrict access to their personal health information in the Electronic Health Record (EHR) by a health information custodian, such as a health care practitioner, for the purposes of providing or assisting in the provision of health care to the individual.

Ontario Health accepts consent directive requests in relation to the Acute and Community Clinical Data Repository (acCDR) and the Diagnostic Imagining Common Service (DI-CS). To make a consent directive request related to OLIS or DHDR contact the ServiceOntario Infoline at 1-800-291-1405; TTY 1-800-387-5559.

A consent directive request may be made by the individual to whom the personal health information relates or the individual's substitute decision-maker (SDM) (i.e., a person who is authorized under the *Personal Health Information Protection Act, 2004* (PHIPA) to consent on behalf of the individual to the collection, use or disclosure of personal health information about the individual). A consent directive request made by an SDM must include documentation as proof of authority. For more information, see **Additional Instructions for a Substitute Decision-Maker** (page 7&8).

Consent Overrides

In accordance with PHIPA, there are certain circumstances where a health information custodian may access information in the EHR which is subject to a consent directive. This is known as a consent override. The *Electronic Health Record Consent Directive and Consent Override Policy* outlines the circumstances where an override is permitted. The policy is available here: https://ehealthontario.on.ca/files/public/support/EHR_Consent_Directive_Consent_Override_Policy.pdf

Note that in some instances, a health information custodian may not have the technical ability to perform a consent override and therefore may not be able to access the personal health information while a consent directive is in place, even if there is a significant risk of serious bodily harm to the individual to whom the information relates or to another person or group of persons.

Instructions to Make, Modify or Withdraw a Consent Directive

1. Complete the required (*) fields.

2. Submit the completed form with copies of your proof of authority documentation (required if you're submitting the request as a substitute decision-maker) to Ontario Health:

   a. **Online:** https://consentform.ontariohealth.ca

   b. **Mail:** Ontario Health - Privacy Office
   500 - 525 University Ave
   Toronto, ON
   M5G 2L3

   c. **Fax:** 416-586-4397 or 1-866-831-0107

Do not use email to submit this form to ensure security of personal health information. Requests submitted via email will be declined and deleted, and the requestor will be asked to resubmit the request by mail, fax or online portal.

Questions

Questions about this form and how to complete it should be directed to Ontario Health's Privacy Office as follows:

- **Phone:** 416-946-4767 or 1-888-411-7742
- **Email:** OH-DS_privacy@ontariohealth.ca

Note: Do not include any personal health information in your email (e.g., health card number or medical history).

- **Mail & Fax:** as noted above

Further information is also available on our website:
https://www.ehealthontario.on.ca/en/privacy/managing-access-to-your-ehr

Ontario Health

PLEASE COMPLETE THE REQUIRED (*) FIELDS

SECTION 1: INDIVIDUAL WHOSE CONSENT DIRECTIVE IS BEING REQUESTED

*FIRST NAME	*LAST NAME	*DATE OF BIRTH YYYY/MM/DD

*PROVIDE **ONE** OF THE FOLLOWING:

☐ ONTARIO HEALTH CARD NUMBER: _____

☐ MEDICAL RECORD NUMBER (MRN): _____

and ORGANIZATION THAT ISSUED THE MRN: _____

☐ CLIENT HEALTH AND RELATED INFORMATION SYSTEM (CHRIS) CLIENT NUMBER: _____

*MAILING ADDRESS:

STREET NO.	STREET NAME	UNIT NO.

CITY	PROVINCE	POSTAL CODE

*PLEASE INDICATE YOUR PREFERRED METHOD OF COMMUNICATION IF FOLLOW UP IS REQUIRED:

☐ TELEPHONE
☐ EMAIL

PHONE NUMBER:

EMAIL ADDRESS:

SECTION 2: SUBSTITUTE DECISION MAKER'S INFORMATION (If you are making the request for another individual). Supporting documentation is required; see **ADDITIONAL INSTRUCTIONS FOR A SUBSTITUTE DECISION MAKER** (page 7&8)

*RELATIONSHIP TO INDIVIDUAL:

* FIRST NAME:	* LAST NAME:

* MAILING ADDRESS:

STREET NO.	STREET NAME	UNIT NO.

CITY	PROVINCE	POSTAL CODE

*PLEASE INDICATE YOUR PREFERRED METHOD OF COMMUNICATION IF FOLLOW UP IS REQUIRED:

☐ TELEPHONE
☐ EMAIL

PHONE NUMBER:

EMAIL ADDRESS:

SECTION 3: CONSENT DIRECTIVE REQUEST DETAILS

3A: TYPE OF CONSENT DIRECTIVE REQUEST (select only one option)

☐ **NEW** CONSENT DIRECTIVE
☐ **MODIFY** EXISTING CONSENT DIRECTIVE
☐ **REMOVE** EXISTING CONSENT DIRECTIVE

3B: CONSENT DIRECTIVE REQUEST DETAILS

Acute and Community Care Clinical Data Repository (acCDR) Patient demographics, emergency department reports, consultation reports, discharge summaries, cardiovascular results, mental health reports, as well as home and community care records including long-term care placement details, risk assessments, and care plans. Source of records: hospitals and home and community care organizations.	☐ Block all users from viewing the individual's personal health information ☐ Allow all users to view the individual's personal health information
	☐ Block all users from the named Health Information Custodian(s) from viewing the individual's personal health information Name of Health Information Custodian(s) _____ ☐ Allow all users from the named Health Information Custodian(s) to view the individual's personal health information Name of Health Information Custodian(s) _____
	☐ Block all users from viewing the individual's personal health information <u>contributed</u> by the following Health Information Custodian(s) Name of contributing Health Information Custodian(s) _____ ☐ Allow all users to view the individual's personal health information <u>contributed</u> by the following Health Information Custodian(s) Name of contributing Health Information Custodian(s) _____
	☐ Block the listed user(s) from viewing the individual's personal health information Name of user(s) _____ ☐ Allow the listed user(s) to view the individual's personal health information Name of user(s) _____
Diagnostic Imaging Common Services Repository (DI CS) Diagnostic imaging reports and images such as X-ray, CT Scan, MRI, ultrasound and others. Source of records: hospitals and integrated community health service centres.	☐ Block all users from viewing the individual's personal health information ☐ Allow all users to view the individual's personal health information
	☐ Block all users from the named Health Information Custodian(s) from viewing the individual's personal health information Name of Health Information Custodian(s) _____ ☐ Allow all users from the named Health Information Custodian(s) to view the individual's personal health information Name of Health Information Custodian(s) _____
	☐ Block all users from viewing the individual's personal health information <u>contributed</u> by the following Health Information Custodian(s)

	Name of contributing Health Information Custodian(s) _____ ☐ Allow all users to view the individual's personal health information <u>contributed</u> by the following Health Information Custodian(s) Name of contributing Health Information Custodian(s) _____
	☐ Block the listed user(s) from viewing the individual's personal health information Name of user(s) _____ ☐ Allow the listed user(s) to view the individual's personal health information Name of user(s) _____
Ontario Laboratories Information System (OLIS) Lab test requisitions and results for biochemistry, hematology, pathology, blood bank, microbiology, and genetics testing. Source of records: Ministry of Health, hospitals, community labs, and public health labs.	To make a consent directive request related to OLIS please contact the ServiceOntario Infoline at 1-800-291-1405; TTY 1-800-387- 5559. Ontario Health **<u>does not</u>** accept consent directive requests in relation to OLIS.
Digital Health Drug Repository (DHDR) Records of medications prepared and pharmacy services provided at community pharmacies and medications administered at hospitals. Source of records: the Ministry of Health, community pharmacies and hospitals.	To make a consent directive request related to DHDR please contact the ServiceOntario Infoline at 1-800-291-1405; TTY 1-800-387- 5559. Ontario Health **<u>does not</u>** accept consent directive requests in relation to DHDR.

SECTION 4: AUTHORIZATION DETAILS

4A: STATEMENT OF UNDERSTANDING

- I understand the personal health information contained on this form is collected by Ontario Health under the authority of Ontario Regulation 329/04, which prescribes Ontario Health as a prescribed organization for the purposes of Part V.1 of PHIPA, and will be used by Ontario Health for the purpose of this consent directive request pursuant to section 55.6 of PHIPA. Questions about this collection or use should be directed to Ontario Health's Privacy Office

- I understand there are potential consequences and risks implicit in blocking health information custodians, including hospitals and health care practitioners, from accessing personal health information for the purposes of providing or assisting in the provision of health care to the individual, and I am willing to accept and take responsibility for these consequences and risks.

- I understand that some health information custodians, including health care practitioners, may not have the technical ability to perform a consent override, and therefore may not be able to access the personal health information while a consent directive is in place, even if there is a significant risk of serious bodily harm to the individual to whom the information relates or to another person or group of persons.

- I understand that in some situations, Ontario Health may be permitted or required by law to provide personal health information in the electronic health record to other persons, including to a coroner, medical officer of health, the Ministry of Health and/or the Ministry of Long-Term Care, as well as certain other persons, as directed by the relevant Minister from time-to-time – regardless of whether a consent directive is in place.

- I understand that it is an offence under *Personal Health Information Protection Act, 2004* to knowingly make an untrue assertion that I am entitled to consent to the collection, use or disclosure of personal information about another individual.

- I understand that by signing and submitting this Consent Directive Request Form to Ontario Health, I am asserting that I am entitled to consent to the collection, use or disclosure of personal health information about the individual identified in Section 1 of this form.

4B: SIGNATURE

I have read and understood the Statement of Understanding above, and I certify that the information given on this form and in any documents submitted as part of this request is correct and complete.

*FIRST AND LAST NAME OF **PERSON SUBMITTING THE REQUEST** (PRINT):	*DATE: YYYY/MM/DD
*SIGNATURE:	

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca.
Document disponible en français en contactant info@ontariohealth.ca

Ontario Health

Additional Instructions for a Substitute Decision-Maker

A substitute decision-maker is someone who is authorized under the *Personal Health Information Protection Act*, *2004* to consent on behalf of an individual to the collection, use or disclosure of personal health information about the individual.

Before submitting a request as a substitute decision-maker on behalf of an individual, review the information below to ensure you are authorized. **If you submit a request as a substitute decision-maker, you must include supporting documentation.**

1. **If the individual is incapable of consenting**, a person* described in one of the following paragraphs may consent on behalf of the individual:

    1. The individual's guardian of the person or guardian of property, if the consent relates to the guardian's authority to make a decision on behalf of the individual.

    2. The individual's attorney for personal care or attorney for property, if the consent relates to the attorney's authority to make a decision on behalf of the individual.

    3. The individual's representative appointed by the Board under section 27, if the representative has authority to give the consent.

    4. The individual's spouse or partner.

    5. A child or parent of the individual, or a children's aid society or other person who is lawfully entitled to give or refuse consent in the place of the parent. This paragraph does not include a parent who has only a right of access to the individual. If a children's aid society or other person is lawfully entitled to consent in the place of the parent, this paragraph does not include the parent.

    6. A parent of the individual with only a right of access to the individual.

    7. A brother or sister of the individual.

    8. Any other relative of the individual.

*The person may consent only if they are the highest ranked person on the list, capable of consenting, are at least 16 years old (or the parent of the individual), are not prohibited by court order or separation agreement, and are available and willing to assume the responsibility.

Supporting documentation:

- A copy of a legal document demonstrating the substitute decision-maker has authority to consent on behalf of the individual (e.g., Power of Attorney for Personal Care; custody or guardianship documentation), **OR**
- For a child under 16 years of age: a copy of the individual's birth certificate with signatures from both parents appearing in the birth certificate of the patient **and** identification of both parents from a federal, territorial, provincial, municipal, or state authority, **OR**
- If the above are not applicable, a letter from a health information custodian/health care organization that confirms the substitute decision-maker is authorized to consent on behalf of the individual

2. **If the individual is capable of consenting** and is at least 16 years of age, the individual may authorize (in writing) another person (who is at least 16 years of age and is capable of consenting) to act on their behalf.

Supporting documentation:
• Signed letter from the individual indicating the substitute decision-maker has the authority to consent on behalf of the individual **and** a copy of the individual's student card or identification from a federal, territorial, provincial, municipal or state authority

3. **If the individual is less than 16 years of age**, a parent* of the child or a children's aid society or other person who is lawfully entitled to give or refuse consent in the place of the parent unless the information relates to,
    a. Treatment within the meaning of the *Health Care Consent Act, 1996,* about which the child has made a decision on their own in accordance with that Act, or
    b. Counselling in which the child has participated on their own under the *Child, Youth and Family Services Act, 2017.*

    Exception: If the individual is a child who is less than 16 years of age and is capable of consenting, and makes a decision about their personal health information that conflicts with the parent, or other legally authorized person's decision, the child's decision prevails.

    *A parent does not include a parent who has only a right of access to the child.

Supporting documentation:
• A copy of the individual's birth certificate, **and** identification (from a federal, territorial, provincial, municipal, or state authority) of both parents who are listed on the birth certificate, **and** the request form must be signed by both parents, **OR** • A copy of a legal document demonstrating the substitute decision-maker has authority to consent on behalf of the individual (e.g., custody or guardianship documentation)

4. **If the individual is deceased**, the deceased's estate trustee or the person who has assumed responsibility for the administration of the deceased's estate, if the estate does not have an estate trustee.

Supporting documentation:
• A copy of the individual's Will and Testament naming the requestor as estate trustee, **OR** • A copy of a Certificate of Appointment (or a court order with equivalent authority)

5. **A person whom an Act of Ontario or Canada authorizes or requires to act on behalf of the individual** (whether the individual is capable or incapable).

Supporting documentation:
• A copy of a legal document demonstrating the substitute decision-maker has authority to consent on behalf of the individual

Note: submit copies of the required supporting documentation. Do not submit originals as supporting documentation is not returned to the requestor.

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