

OVERVIEW

A patient's instruction to block or allow access to their personal health information (PHI) is called a "Consent Directive". Ontario's electronic health record system is comprised of ConnectingOntario and Diagnostic Imaging Common Services (DI CS) repositories which enable clinicians and health care providers to share and access your PHI electronically for the purpose of providing health care.

Complete this form to block, modify or allow access to your personal health information in the electronic health record system for the purposes of providing health care.

Visit the eHealth Ontario website - <http://www.ehealthontario.on.ca> for more information on the collection, use and disclosure of your personal health information the electronic health record system.

Note:

- To place a consent directive on a patient's personal health information in the Ontario Laboratories Information System (OLIS) and Drug and Pharmacy Services, the patient or substitute decision maker may contact ServiceOntario Infoline at 1-800-291-1405; TTY 1-800-387- 5559.
- For the purposes of this form, where the term 'patient' is used, it can mean client or individual accessing health care services.

INSTRUCTIONS TO COMPLETE FORM

1. Complete the required (*) fields.
2. eHealth Ontario only accepts requests from the patient or authorized Substitute Decision Maker under the *Personal Health Information and Protection Act, 2004* to provide consent on behalf of the patient for the collection, use or disclosure of the patient's personal health information. To do so, you will need to:
 - a) Provide proof of your identity (e.g. Driver's License, Provincial Photo I.D.) -see page 3 for identification requirements
 - b) If you are not the patient, provide documentation to show you are authorized to act as the patient's substitute decision maker (e.g. Legal document of guardianship)
3. Mail or fax the completed form to:
 - a) Mail:
eHealth Ontario Privacy Office
PO Box 148
Toronto ON M5G 2C8
 - b) Fax: 416-586-4397 or 1-866-831-0107

Please Do Not Use Email To Submit This Form

QUESTIONS

If you have questions about this form or how to complete it, contact the eHealth Ontario Privacy Office:

- a. **Phone:** 416-946-4767 or 1-888-411-7742 ext. 64767
- b. **Email:** privacy@ehealthontario.on.ca

Note: Please provide only your name and phone number. Do NOT include any personal health information in your email (e.g. Health Card Number or medical history).

SECTION 4: CONSENT DIRECTIVE REQUEST DETAILS

***4A: TYPE OF CONSENT DIRECTIVE REQUEST** *(select only one option)*

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

***4B: CONSENT DIRECTIVE REQUEST DETAILS**

Please provide us with the details of your request below (for examples of consent directives see page 3 of this form):

4C. SIGNATURE

*FIRST AND LAST NAME (PRINT):

*DATE:

MM/DD/YYYY

*SIGNATURE:

QUESTION AND ANSWERS

What is a consent directive?

A consent directive is a patient’s instruction to block or allow access to their personal health information.

What type of consent directives can I request?

There are several types of consent directives available.

Examples:

- Do not let anyone view my personal health information
- Do not let anyone from Windsor General Hospital view my personal health information
- Do not let Dr. Jones from Michael Garron Hospital view my personal health information
- Do not let anyone view my personal health information, except Dr. Jones from Michael Garron Hospital
- Do not let anyone see my x-ray report that was taken on June 3rd, 2014
- Do not let anyone view my personal health information except all users from The Ottawa Hospital

IDENTIFICATION REQUIREMENTS

Please include photocopies of the relevant document(s) listed below to confirm your identity and authority to view the health information you are requesting. Your **Health Card cannot be accepted as proof of identity.**

LIST A: Proof of Identity

If you are asking for health information about yourself, you must include a photocopy of one of the following documents:

- Identification from a federal, provincial, municipal or state authority (e.g. Driver’s license, passport, Ontario photo card); or
- Student card (if 18 years or younger); or
- Letter from a health care organization that confirms the requestor’s identity (e.g., Letter from Mount Sinai Hospital saying that you are Jane Doe).

LIST B: Proof of Authority

If you are asking for health information about another person, you must include a photocopy of one document from **list A** and one photocopy of a document from the list below:

Patient is 11 years or younger	<ul style="list-style-type: none"> • Birth certificate for the patient • Identification of both parents from a federal, territorial, provincial, municipal, or state authority • Signatures from both parents appearing in the birth certificate of the patient
	<ul style="list-style-type: none"> • A legal document demonstrating that the substitute decision maker has sole custody or guardianship for the patient
	<ul style="list-style-type: none"> • Letter from a health care organization that confirms the substitute decision maker has the authority to view the health information of the patient
Patient is 12 to 15 years old	<ul style="list-style-type: none"> • Signed letter from the patient indicating the substitute decision maker has the authority to view his or her health information • Student card or identification from a federal, territorial, provincial, municipal or state authority for the patient
	<ul style="list-style-type: none"> • Letter from a healthcare organization that confirms the substitute decision maker has the authority to view the health information of the patient
Patient is 16 years or older	<ul style="list-style-type: none"> • Signed letter from the patient indicating the substitute decision maker has the authority to view his or her health information
	<ul style="list-style-type: none"> • Identification from a federal, territorial, provincial, municipal or state authority for the patient
	<ul style="list-style-type: none"> • A legal document demonstrating that the substitute decision maker has sole custody or guardianship for the patient
	<ul style="list-style-type: none"> • Letter from a health care organization that confirms the substitute decision maker has the authority to view the health information of the patient