Algoma Nurse Practitioner-Led Clinic

Section: Privacy		Policy Number: PRIVFORM2018-01				
Subject: Privacy and Confidentiality		Effective Date: October 24, 2018				
Approved by: Executive Director						
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Executive Director	Date					

Patient Request Form to Restrict Collection, Use or Disclosure to Personal Health Information/Lockbox

Perso	n completing this form and requesting re	estrictions/lockbox:					
☐ Pat	ient/Client	☐ Substitute Decision Maker					
Patient/Client's Name:			(First & Last Name)				
DOB:		(YYYY/MM/DD)					
Addres	SS:						
Teleph	one No.:	HC#:					
Only	complete this section if you are acting o	on behalf of a patient/client i.e., SDM with leg	gal signing authority:				
Printe	ed Name:						
	ess:						
Telep	hone No.:	SDM's relationship to patient/client: _					
RESTRICTION TO CONSENT/LOCKBOX REQUEST DETAILS							
l wisl	n to restrict my consent for the use and/o	or disclosure of my personal health informa	tion in the following way(s):				
	Specific visit (enter date)						
	Specific range of visits (enter dates)	to					
□ F	Person (s)						
Other	··		_				
			d the risks associated with				
		(print name of requestor) have had emy personal health information (i.e., applying					
•	-	ad and understand the risks as outlined on the l	, ,				
		y questions answered to my satisfaction. I und					
		ny health information (i.e., a lockbox restriction)	•				
I cont	act the organization's Privacy Officer at 705	5-942-4717 to rescind my request.					
Signa	ture of patient/client or SDM:						
Date:		(YYYY/MM/DD)	Ontario				
			Unitario 💮				

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The following risks may occur when restrictions ("lockbox") are applied to the use and/or disclosure of personal health information:

- Restricting use or disclosure of health information (i.e., lockboxing) may result in health care practitioners being unable to accurately assess health status. Not having the use of necessary historical health information may result in the need to repeat tests and x-rays and could result in ineffective or insufficient treatment that could lead to serious health consequences.
- The College of Nurses of Ontario believes patient safety should remain paramount. Therefore, in situations
 that are non-emergent, primary care providers are not obligated to accept or treat a patient about whom they
 have insufficient information. However, all patients will be provided health care in an emergency, even if the
 patient has placed restrictions on their personal health information.
- In situations where The Algoma Nurse Practitioner-Led Clinic provides personal health information about a
 patient to another health care professional but some information has been withheld or not made available due to
 the patient's request to restrict use and disclosure, The Algoma Nurse Practitioner-Led Clinic is required to inform
 the person receiving the information that some personal health information has been withheld due to restrictions
 requested by the patient Personal Health Information Protection Act 2004 s. 20(3).
- As per s. 71(1) of the Personal Health Information Protection Act 2004, the Algoma Nurse Practitioner-Led Clinic will be immune from any actions or proceedings for damages that may result from this restriction on use/disclosure or lockbox of your personal health information.
- As is permitted by law, restricted/lockboxed information may be used and/or disclosed in an emergency situation
 without written consent from the patient/SDM if the disclosure is necessary for the purpose of eliminating or
 reducing a significant risk of serious bodily harm to a person, including harm to a patient or group of patients.
- The Algoma Nurse Practitioner-Led Clinic is required by law to provide personal health information to the Ministry of Health under certain circumstances regardless of a patient's request to restrict or lockbox information.
- I acknowledge it is my responsibility to discuss my wishes with my Substitute Decision Maker and other Health
 Care Providers involved in my health care. I also understand that my request for a lockbox is not entirely
 retroactive and mainly applies to future uses and disclosures of my health information, unless specified on my
 form for specific dates/visits.

OFFICE USE ONLY

Verification of identity of individual requesting restriction to consent for use/disclosure of PHI/Lockbox:								
Form of ID:		☐ Passport	☐ Notarized Letter		☐ Lawyer's Letter			
ID Checked by		Signature:						
, -	(Printed Name)		_	(Signature)				

