

By signing this request form, the following information is understood and the risks are acknowledged;

- This instruction may prevent hospital staff and medical professional staff from accurately assessing your 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.
- The College of Physicians and Surgeons of Ontario believes patient safety should remain paramount.
- When CMH shares your personal health information with another health care provider, it is a legal requirement to inform the provider that some information has been withheld due to restrictions requested by the patient/SDM– Personal Health Information Protection Act 2004 s. 20(3).
- As per s. 71(1) of the Personal Health Information Protection Act 2004, CMH 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/locked 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.
- It 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 lock-box is not retroactive and only applies to future uses and disclosures of my health information.

OFFICE USE ONLY

Verification of identity of individual requesting restriction to consent for use/disclosure of PHI/Lockbox:

Form of ID: Driver’s License Passport Notarized Letter Lawyer’s Letter

Other (specify) _____

ID Checked by: _____
(Printed Name)

(Signature)