OVERVIEW

A Health Information Custodian (HIC) may use this form, on behalf of a patient, to block or allow access of their Personal Health Information (PHI) in the electronic health record system for the purposes of receiving health care. Ontario's electronic health record system is comprised of ConnectingOntario and Diagnostic Imaging Common Services (DI CS) repositories. A patient's instruction to block, modify or allow access to their personal health information is called a "Consent Directive".

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, please request that the patient or substitute decision maker contact Service Ontario 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.

A PATIENT MAY MAKE THE FOLLOWING CONSENT DIRECTIVE REQUESTS

ConnectingOntario – Consent Directive Options

- Block all users from viewing a patient's PHI **or**
- Allow all users to view a patient's PHI
  (e.g., Do not let anyone view my PHI)

- Block all users from specific organization(s) from viewing a patient's PHI **or**
- Allow all users from specific organization(s) to view a patient's PHI
  (e.g., Do not let anyone from Windsor Regional Hospital view my PHI)

- Block all users from viewing a patient's PHI contributed by listed organization(s) **or**
- Allow all users to view a patient's PHI contributed by the listed organization(s)
  (e.g., My PHI from The Ottawa Hospital is not to be viewed by anyone)

- Block specific user(s) from viewing a patient's PHI **or**
- Allow specific user(s) to view a patient's PHI
  (e.g., Do not let Dr. Jones from Michael Garron Hospital view my PHI)

Diagnostic Imaging Common Services – Consent Directive Options

- Block all users from viewing a patient's personal health information (PHI) **or**
- Allow all users to view a patient's PHI
  (e.g., Do not let anyone view my PHI)

- Block all users from specific organization(s) from viewing a patient's PHI **or**
- Allow all users from specific organization(s) to view a patient's PHI
  (e.g., Do not let anyone from Kingston General Hospital view my PHI)

- Block specific record(s) of a patient's PHI from being viewed **or**
- Allow specific record(s) of a patient's PHI to be viewed
  (e.g., Do not let anyone see my x-ray report that was taken on June 3rd, 2014)

For the purpose of this form, Diagnostic Imaging Common Services will be referred to as DI CS, Health Information Custodian(s) as HIC(s) and Personal Health Information as PHI.

For more information about the Consent Directive process or for assistance in completing this form, please contact our office at 416-946-4767 or email us at privacy.operations@ehealthontario.on.ca (please do not include any PHI in your email).

PLEASE COMPLETE THE REQUIRED FIELDS (*)

EHEALTH ONTARIO USE ONLY				
DATE RECEIVED MM/DD/YYYY	PROCESSED BY	PRIVACY OFFICE REFERENCE NO.	FORM COMPLETED	DATE APPLIED MM/DD/YYYY

***SECTION 1: Submitter Contact Information**

"Submitter" is the HIC who completes this form on behalf of the patient or substitute decision maker.

ORGANIZATION NAME:	
SUBMITTER FIRST NAME:	DATE REQUEST RECEIVED FROM PATIENT: MM/DD/YYYY
SUBMITTER LAST NAME:	SUBMITTER BUSINESS TELEPHONE NO.:
SUBMITTER JOB TITLE:	SUBMITTER BUSINESS EMAIL:

***SECTION 2: Patient Identifying Information**

HIC shall verify and validate that the person making the request is the individual to whom the PHI that is the subject of the request relates or the individual's substitute decision maker.

PATIENT FIRST NAME:	MIDDLE INITIAL(S):	PATIENT LAST NAME:

GENDER: ☐ MALE ☐ FEMALE	DATE OF BIRTH: MM/DD/YYYY	DATE IDENTITY VALIDATED: MM/DD/YYYY
HEALTH CARD NUMBER:	ALTERNATE IDENTIFIERS E.G. MRN OR CHRIS CLEINT #:	

SECTION 3: Patient or Substitute Decision Maker Contact Information

RELATIONSHIP: ☐ PATIENT ☐ SUBSTITUTE DECISION MAKER

SUBSTITUTE DECISION MAKER FIRST NAME:	SUBSTITUTE DECISION MAKER LAST NAME:

MAILING ADDRESS:

STREET NO.	STREET NAME	UNIT NO.

CITY	PROVINCE	POSTAL CODE

For more information about the Consent Directive process or for assistance in completing this form, please contact our office at 416-946-4767 or email us at privacy@ehealthontario.on.ca (please do not include any PHI in your email).

SECTION 4: Consent Directive Details

***4A: Type Of Consent Directive** *(select only one option)*

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

***4B: Consent Directive Details (Check only the boxes that apply to the patient)**

By selecting "Block", the electronic health record will not be available to health care providers and may impact the patient's care

☐ BLOCK ALL USERS FROM VIEWING PHI
☐ ALLOW ALL USERS FROM VIEWING PHI
☐ CONNECTINGONTARIO ☐ DI CS

☐ BLOCK ALL USERS FROM THE LISTED ORGANIZATIONS FROM VIEWING PHI
☐ ALLOW ALL USERS FROM THE LISTED ORGANIZATIONS FROM VIEWING PHI
☐ CONNECTINGONTARIO ☐ DI CS
ORGANIZATION NAME(S):

☐ BLOCK ALL USERS FROM VIEWING PHI CONTRIBUTED BY THE FOLLOWING ORGANIZATIONS TO CONNECTINGONTARIO
☐ ALLOW ALL USERS FROM VIEWING PHI CONTRIBUTED BY THE FOLLOWING ORGANIZATIONS TO CONNECTINGONTARIO
ORGANIZATION NAME(S):

☐ BLOCK THE LISTED RECORD(S) OF PHI FROM BEING VIEWED IN DI CS
☐ ALLOW THE LISTED RECORD(S) OF PHI TO BE VIEWED IN DI CS
PROVIDE ACCESSION NUMBER(S) – IF UNAVAILABLE DESCRIBE THE RECORD TYPE, DATE AND ORGANIZATION IN THE ADDITIONAL DETAILS SECTION OF THIS FORM:

☐ BLOCK THE LISTED USER(S) FROM VIEWING PHI IN CONNECTINGONTARIO
☐ ALLOW ALL THE LISTED USER(S) FROM VIEWING PHI IN CONNECTINGONTARIO

FIRST NAME:	LAST NAME:

PROFESSIONAL COLLEGE:	LICENSE NO.:	ORGANIZATION:

ADDITIONAL DETAILS:

***4C: SIGNATURE OF SUBMITTER**

FIRST AND LAST NAME (PRINT):	SIGNATURE:	DATE
		MM/DD/YYYY

WHERE TO SEND THIS FORM

Fax, mail or email the completed form to eHealth Ontario:

- Fax: (416) 586-4397 OR 1 (866) 831-0107
- Mail: eHealth Ontario Privacy Office, PO Box 148, Toronto ON M5G 2C8
- Email (for ONE Mail users only): privacy.operations@ehealthontario.on.ca
  (To verify if you have a ONE Mail account, go to https://www.one-pages.on.ca/Search.aspx, input your last name, first name and organization)