

All About Health Patient Lockbox

The Personal Health Information Protection Act (PHIPA) gives Ontarians the right to control how your health information held by All About Health is collected, used, and shared, subject to a few exceptions. You have the right to ask that we not share some or all of your health record. You can do this by speaking with your physician OR by making a formal on-file request. This type of request is informally known as asking for a “lockbox”.

What is in your health record?

Your health record includes information such as your health history, care we have provided, family history, your medications and results from lab tests and notes from your physician, other health care providers within All About Health or external health care providers (such as specialists and hospital records).

Who sees your health record?

Only the doctors and staff members who provide your health care and who do administrative tasks to support your health care are authorized to look at your health information, and only when they need to see that information to do their job. Your health information is only shared within your “circle of care” – meaning the physicians and service providers that help with your care — unless we are permitted or required by law. We will not share your health information with anyone else — for example, your family or friends, employer, school or insurance company — unless we get your explicit permission to do so (“known as express consent”), or unless we are permitted or required by law to do so (see “Lockbox Exceptions”).

What is a “lockbox”?

Generally speaking, a lockbox means that all or part of your health information will be separated from our usual filing systems. If it is an electronic record, it will have additional restrictions of access. If it is a paper record, it will go into a sealed envelope. All our health records are safely and securely stored; a lockbox will restrict the access to your health information from certain people or institutions.

Are there risks to having a lockbox?

There are some risks to putting your health information in a lockbox that you should consider before making your decision:

- Your health care providers may not have the information they need to give you the best possible care in a timely manner.
- Your health care providers may not have enough information to safely provide you with services and so may not be able to offer you care.
- It may be harder for your health care providers to share your information in an emergency.
- There may be errors in assessments, treatment or medications if the people providing care do not have enough information or do not have the right information about you.
- You may have to undergo duplicate tests, procedures and health history questions if existing information is unavailable.

- There may be other risks specific to you and your request, which we will discuss with you. You can ask us questions about the specific risks that could come up depending on your choices.

Lockbox Exceptions

Under the law, there are times when we are allowed to or must collect, use, or share personal information about you — without your permission — even if your information is otherwise “locked”. If your information is already in a lockbox, the “lock” may be broken and your information may be used or disclosed as permitted or required by law. We have provided some examples, but there may be other situations where the use or disclosure of your information is permitted or required by law. We may use or share your health information without your permission in order to, for example:

- Report a child in need of protection to the Children’s Aid Society
- Make reports to the Ministry of Transportation or Public Health or other mandatory reports
- Protect you or someone else if we believe there is a significant risk of serious harm
- Dispose of information
- Comply with a court order
- Defend ourselves in litigation

If you have questions about how we can use or share your health information, you can ask a team member.

How do you request a lockbox?

You can discuss any concerns regarding the privacy and confidentiality of your health information and your lockbox options with your physician or health care provider. In some cases, you may not need a lockbox in order to protect your information and we can discuss alternatives or options with you. For instance, **you do not need a lockbox to prevent health care professionals who are not involved in your care from viewing your personal information as these professionals are not within your “circle of care” and are therefore already not permitted to access your information on the basis of our policies and privacy laws.**

You can submit your lockbox request in writing using our attached “Patient Lockbox Request” form. The completed form should be given to your physician or health care provider. If we cannot comply with your request, we will discuss any limits with you.

You can request that your lockbox be removed or altered at any time by contacting your physician.

Additional information can be obtained through the:

Information and Privacy Commissioner of Ontario

2 Bloor Street East, Suite 1400. Toronto, Ontario M4W 1A8

Telephone Toronto Area: 416-326-3333 Long Distance: 1-800-387-0073 (within Ontario)

All About Health Patient Lockbox Request

You have the right to ask that we not share some or all of your health record with our staff and/or associated health care providers or ask us not to share your health record with your external health care providers (such as a hospital or specialist). This is informally known as asking for a "lockbox". Before signing this form, please read the attached Patient Lockbox Information package.

PATIENT INFORMATION (please print)

Last Name: _____ First Name: _____ Initials: _____

Date of Birth: _____ (yyyy/mm/dd)

Mailing Address: _____

Telephone #: _____ Alternate #: _____

IF YOU ARE MAKING THE REQUEST AS A SUBSTITUTE DECISION-MAKER (SDM), WE REQUIRE THE FOLLOWING INFORMATION ABOUT YOU: (please print)

Last Name: _____ First Name: _____ Initials: _____

Mailing Address: _____

Telephone #: _____ Alternate #: _____

Relationship to Patient: _____

LOCKING DETAILS Please indicate below at which level you would like for your health record to be locked:

- Complete health record (everything)
- Specific visit: (enter date) _____
- Specific range of dates: from _____ to _____
- Other (Please provide as much detail as possible) _____

PATIENT ACKNOWLEDGMENT I have read the Patient Lockbox information package. The lockbox has been explained to me. The risks of placing a lockbox on records have been explained to me. I have had the chance to ask questions and my questions have been answered.

(Name of Patient or SDM) (Signature) (Date: yyyy/mm/dd)

(Name of Witness) (Signature) (Date: yyyy/mm/dd)

Copy Provided to Patient (please circle): Yes No