Kingston General Hospital

HOTEL DIEU HOSPITAL

Request to Lock Personal Health Information

Information and Instructions

The Personal Health Information Protection Act provides patients with the option of requesting that personal health information be locked from use/disclosure at the written request of the patient. This would include information that the hospital has received from them, their Substitute Decision Maker or another doctor, hospital or agency for the purpose of providing or assisting in the provision of health care to them.

An interview with the patient will provide information on implications and risks of locking personal health information. Please see written procedure, and listed implications and risks of locking PHI on back of this form.

PATIENT INFORMATION (please print)

_____ _____ _____

Last Name First Name Initials

_____

Mailing Address

_____

Date of Birth (yyyy / mm / dd)

_____ _____

Telephone Number at Home Telephone Number at Work

If you are a substitute decision-maker, we require the following information:

_____ _____ _____

Last Name First Name Initials

_____

Mailing Address

_____

Telephone Number

DESCRIBE THE PERSONAL HEALTH INFORMATION YOU WANT LOCKED

DATE OF REQUEST _____ (yyyy / mm / dd)

_____

_____

_____

PATIENT ACKNOWLEDGMENT

The nature, effects and risks of locking my personal health information have been explained to me and I confirm that I understand the explanation. I have had the opportunity to ask questions and these have been answered to my satisfaction.

_____ _____

Patient signature Date (yyyy / mm / dd)

INTERVIEW WITH PATIENT/DESIGNATE (Internal Use)

OUTCOME: _____

_____

_____

_____ _____

Staff Signature Date (yyyy / mm / dd)

_____

Staff Printed Name and Title