

Patient Lockbox Information Brochure: How to Restrict Access to your Health Record

You have a right to make choices and control how your health information held by Summerville Family Health Team 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 with one or more of our staff members involved in your care, or ask us not to share your health record with your external health care providers (such as a hospital or specialist). This is 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 the Family Health Team or your other external health care providers. If you would like a copy of your health record, please contact your physician or the Executive Director of the Summerville Family Health Team.

Who sees your health record?

Only team members who provide health care and services to you and team members who do administrative tasks to support health care are authorized to look at your health information, and only when they need to see that information to do their job.

We use your health information to make sure we can give you the best care. Your health information is shared only within your “circle of care”— meaning the physicians, nurse practitioners, nurses, social workers, pharmacists, physiotherapists, health promotion specialists, dietitians, hospitals, specialists, community services providers and other people and organizations 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 permission (known as “express consent”) to do so or unless we are permitted or required by law (see “Lockbox Exceptions” below).

What is a “lockbox”?

It’s not exactly a “box” — and it doesn’t have a lock. And a lockbox can mean different solutions depending on your request. 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. While 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.
- You may not benefit from the wide range of services we can offer you.
- 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
- Obtain or process payments
- Plan our services
- Engage in quality improvement exercises
- Dispose of information
- Comply with a court order
- Defend ourselves in litigation
- Engage in research (as long as we have research ethics board approval)
- Teach our staff to provide health care

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

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 or a Privacy Officer. 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 “Patient Lockbox Request” form, which you can get from your physician or health care provider or a Privacy Officer. The completed form should be given to your physician or health care provider or a Privacy Officer.

Lockbox requests are processed on a case-by-case basis. A Privacy Officer will review and respond to lockbox requests and will speak with your physician or health care provider. We may not be able to accommodate every request – but we will explain any limits with you. We will tell you when your lockbox is in place. You can also request that your lockbox be removed at any time by contacting your physician or a Privacy Officer.

Privacy Officer

Executive Director
Summerville Family Health Team
101 The Queensway West, 5th Floor
Mississauga, Ontario
L5B 2P7

Information and Privacy Commissioner/Ontario:¹

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

Telephone

Toronto Area: 416-326-3333
Long Distance: 1-800-387-0073 (within Ontario)
Fax : 416-325-9195

¹ The office responsible for reviewing the privacy-related decisions and practices of health care institutions, such as doctor’s offices and family health teams, investigating privacy complaints made under the access, privacy and personal health information laws, and educating the public about such laws and access and privacy issues.

Patient Lockbox Request

Instruction for Patients

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 our *Patient Lockbox Information Brochure: How to Restrict Access to your Health Record*. If you have any questions, please ask your physician or a Privacy Officer

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 Brochure: How to Restrict Access to your Health Record*. 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)

INTERVIEW WITH PATIENT/SDM (Internal Use)	Date of Request: _____ (yyyy/mm/dd)
OUTCOME: <input type="checkbox"/> Complete File Lock <input type="checkbox"/> Specific Visit <input type="checkbox"/> Specific range of dates <input type="checkbox"/> Excluded Employee	
Details: _____ _____ _____	
Copy Provided to Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ (Name of Privacy Officer)	_____ (Date)

(Signature)