



## Lockbox Fact Sheet

### What is a Lockbox?

A “Lockbox” is commonly used to refer to a patient’s ability to withdraw or withhold consent for the use or disclosure of their Personal Health Information (PHI) for health care purposes.

The Hospital recognizes that the withdrawing or withholding of consent can take on various forms including:

- Not to collect, use or disclosure a particular item of information contained in the patient’s medical record (i.e. a particular diagnosis)
- Not to collect, use or disclose the contents of the patient’s entire medical record
- Not to disclose the patient’s PHI to a particular Health Information Custodian (HIC) or Agent(s) (i.e. physicians, nurses or social workers)
- Not to enable a particular HIC or Agent(s) to use the patient’s PHI

### How do I request a Lock Box?

Complete and submit the attached “Request and Consent to Lock or Unlock Personal Health Information” form to the Regional Privacy Office.

Regional Privacy Office

201 Georgian Dr.

Barrie, ON L4M 6M2

Email: [privacy@headwatershealthcare.on.ca](mailto:privacy@headwatershealthcare.on.ca)

Fax: 705-797-3110

### How does the Hospital enable a lockbox?

After receiving your completed request form, the Regional Privacy Office will, within 7 days, enable a lockbox in a way that most closely resembles your request.

The Hospital has the ability to electronically lock your Personal Health Information in the Electronic Medical Record (EMR); MEDITECH Expanse System and other internal electronic systems as applicable.

The Hospital can also apply a lockbox to paper records by securing the records in the Health Records Department.

Requests to lock records in external shared systems (i.e. Connecting Ontario) may be referred to the system owner for processing (i.e. eHealth Ontario), per system protocols.

### Are there any risks to enabling a lockbox?

There are some risks to locking your personal health information that you should consider before making your decision:

- Your healthcare providers may not have access to information they need in order to treat and care for you in a timely manner.
- You may have to undergo duplicate tests, procedures and/or health history questions, as applicable, if information is locked and unavailable to your healthcare providers.
- It may be harder for your healthcare providers to share your information in an emergency.
- There may be errors in assessments, treatments or medications if the people providing you care do not have enough information or do not have the right information about you.

- 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.

### **Who can override a lockbox?**

A care provider may override a lockbox in the following circumstances:

- With your express consent; or
- In the event the information is required to reduce the risk of serious harm to yourself or others.

### **Will you tell me if my lockbox is overridden?**

Yes, the Regional Privacy Office monitors lockbox overrides and will tell you every time your locked information is accessed.

### **What exclusions apply to a lockbox?**

Under the law, there are times when we are allowed to or must collect, use, or share personal health information about you – without your permission – even if your information is locked. A lockbox does not prevent the Hospital or its staff from completing duties such as:

- Reporting to the Children’s Aid Society;
- Reporting to the Ministry of Transportation, Public Health or other mandatory report; Protecting you or someone else if we believe there is a significant risk of serious harm; Obtaining or processing payments;
- Planning services;
- Quality improvement;
- Disposing of information;
- Complying with a court order;
- Litigation;
- Research (with Research Ethics Board approval);
- Teaching staff to provide health care; and
- Processing the clinical record

### **Do you tell other Healthcare Providers about the lockbox?**

If another Healthcare Provider is requesting access to information that is locked, we will tell them that information is under a lockbox and that they need express consent from you to access the information (see override reasons above).

### **Where can I learn more about lockbox?**

Please contact the Regional Privacy Office by calling 519-941-2410 extension 2578 or by emailing [privacy@headwatershealthcare.ca](mailto:privacy@headwatershealthcare.ca).



**REQUEST AND CONSENT TO LOCK OR UNLOCK PERSONAL HEALTH INFORMATION REQUEST FORM**

Please complete and submit to the Regional Privacy Office: Regional Privacy Office, 201 Georgian Dr.,  
Barrie, ON L4M 6M2 or via email [privacy@headwatershealthcare.ca](mailto:privacy@headwatershealthcare.ca) or via fax 705-797-3110.

**Part A: Application of Lockbox**

I, \_\_\_\_\_, wish to apply a lockbox to the use, access and/or disclosure of my Personal Health Information (PHI) for the purposes of care.

**Please indicate at which Hospital(s) you wish for this lockbox to apply:**

<input type="checkbox"/> Collingwood General & Marine Hospital	<input type="checkbox"/> Georgian Bay General Hospital
<input type="checkbox"/> Headwaters Health Care Centre	<input type="checkbox"/> Royal Victoria Regional Health Centre

**I wish to place the following conditions on any future use, access or disclosure of my Personal Health Information (PHI):**

I do not want the Hospital(s) to release my Personal Health Information to a specific external Health Care Provider(s) or Hospital(s) (Please indicate below which Provider)

I do not want the Hospital(s) or a specific Provider(s) within the Hospital(s) to use or access my Personal Health Information (Please indicate below which provider)

Click here to enter text.

*(Please indicate the type of PHI, the date of visit, type of report and/or name of provider(s) if applicable)*

**Implication of Implementing a Lockbox:**

I, \_\_\_\_\_, understand that by locking my Personal Health Information my Care Providers may not have access to PHI that they need in order to provide the best possible care in a timely manner.

I, \_\_\_\_\_, understand that I may have to undergo duplicate tests, procedures and/or health history questions, as applicable, if information is locked and unavailable to Providers.

I, \_\_\_\_\_, understand that locked PHI may only be overridden with my express consent or in the event of serious bodily harm to myself or others.

I, \_\_\_\_\_, understand that the application of a lockbox does not have retroactive effect nor does it affect the access, use and disclosure of Personal Health Information by the Hospital(s) where permitted or required by law.

Patient Name:	
Health Card Number:	Date of Birth:
Address:	Telephone:
Patient Signature:	Date:
Substitute Decision-Maker Signature:	Date:
Relationship to Patient:	Telephone:

**Part B: Removal of Lockbox**

I, \_\_\_\_\_, wish to remove the lockbox (“unlock”) conditions from my Personal Health Information (PHI).

**I wish to remove the following lockbox conditions:**

Click here to enter text.
---------------------------

*(Please indicate the type of PHI, the date of visit, type of report and/or name of provider(s) if applicable and conditions you wish to unlock)*

I, \_\_\_\_\_, understand that by removing the lockbox conditions from my Personal Health Information (PHI), the Hospital is able to access, use and disclose this information for the purposes of care as required and regulated by privacy and healthcare laws.

Patient Name:	
Health Card Number:	Date of Birth:
Address:	Telephone:
Patient Signature:	Date:
Substitute Decision-Maker Signature:	Date:
Relationship to Patient:	Telephone: