Information and Instructions for PATIENTS

Altering Consent Directive, Express Instruction - Personal Health Information is a request to “unlock” a record that previously had been “locked” at your request. A record can be unlocked when the patient/substitute decision maker changes their mind, or when the health care provider believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing significant risk of serious or bodily harm to a person or group of persons. You must complete and sign the “Consent Directive Express Instruction - Personal Health Information” form if you decide to lock your record again.

If the request to unlock the record is made by the client Sections A and B must be completed. If the request to unlock the health record is by the substitute decision maker A and C must be completed.

Information and Instructions for STAFF and HEALTH CARE PROVIDERS

Health care providers can unlock a health record in emergency situations when it is believed, on reasonable grounds, that the disclosure is necessary for the purpose of eliminating or reducing significant risk of serious or bodily harm to a person or group of persons. Section A and D must be completed and you must contact the McMaster University Privacy Office at the earliest opportunity.

Section A – Client Information

Please print:

FAMILY NAME: ___________________________ FIRST NAME: ___________________________

ID NUMBER: ___________________________ DATE OF BIRTH: ___________________________

MAILING ADDRESS: ___________________________

_________________________________________

_________________________________________

_________________________________________

TELEPHONE NUMBER: ______________________(HOME) ______________________(MOBILE)
Section B – Request from the Client

If you are a substitute decision maker, and the client is deemed incapable, please complete Section C.

I, ___________________________________________ wish to unlock the following records:

(Please print your name above)

☐ The entire contents of the McMaster University record.     OR

☐ All documents/reports/notes contained in the McMaster University record pertaining to visits within a specified historical date range from: ____________________ to ____________________.

I understand that in order to lock my personal health information again, I must complete and sign the Consent Directive Express Instructions - Personal Health Information form with a regulated health professional.

I will not hold McMaster University responsible for any outcome to the extent that it is caused or contributed to by limitations imposed by this instruction.

CLIENT NAME:

__________________________________________

CLIENT SIGNATURE:

__________________________________________

DATE: ____________________________
Section C – Request from the Substitute Decision Maker

As the client’s substitute decision maker, I pledge that this instruction reflects the wishes, values and beliefs that I know the client holds.

Please ensure you have also completed Section A.

Acting on behalf of __________________________, I __________________________

(Please print client name) (Please print your name)

wish to unlock the following health records:

☐ The entire contents of the McMaster University record.  OR

☐ All documents/reports/notes contained in the McMaster University record pertaining to visits within a specified historical date range from: ____________________ to ____________________.

I understand that in order to lock this personal health information again, the Consent Directive Express Instructions - Personal Health Information form must be completed with a regulated health professional.

I will not hold McMaster University responsible for any outcome to the extent that it is caused or contributed to by the limitations imposed by this instruction.

Please print your information as substitute decision maker:

FAMILY NAME: ___________________________  FIRST NAME: ___________________________

MAILING ADDRESS: _____________________________________________________________

__________________________________________________________

__________________________________________________________

TELEPHONE NUMBER: ____________________________ Home) ____________________________ (Mobile)

SIGNATURE: ____________________________ DATE: ____________________________

Please include copies of documents that provide your authority as a substitute decision maker and proof of identification with this request.
Section D – Request from Staff or Health Care Provider

Health care providers can unlock a health record in emergency situations when it is believed on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious or bodily harm to a person or group of persons.

In my capacity as care provider to ________________________________, I,

(please print client name)

_________________________________________

(please print your name)

wish to unlock the following health records:

☐ The entire contents of the McMaster University record. OR

☐ All documents/reports/notes contained in the McMaster University record pertaining to visits within a specified historical date range from: ________________ to ________________.

Please provide your rationale as to why you would like to unlock these records:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Please print your information as health care provider:

FAMILY NAME: ________________________________ FIRST NAME: ________________________________

MAILING ADDRESS: ________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

TELEPHONE NUMBER: ________________ Home) _____________________ (Mobile)

SIGNATURE: ________________________________ DATE: ________________________________