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Client/Patient ID Label

REQUEST FOR IMPLEMENTATION OF LOCKBOX

Client/Patient Name: _____
(Last Name, First Name)

Health Record #: _____

Unit/Clinic/Service: _____

Client/Patient Street Address _____ City _____ Province _____ Postal Code _____

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

Can CAMH leave a message at this telephone number? Yes No

I am requesting that all or part of my health record be shielded or placed in a "lockbox".

I would like the following (choose all that apply):

- Documents/forms/reports/notes placed in a lockbox (please specify)

- CAMH staff to be blocked from access to my health information (please specify)

- External health care providers (non-CAMH) to not receive my health information without my express consent (please specify)

- Attached to this form is a document with additional details about the information that I am requesting to be locked.

PLEASE READ CAREFULLY:

I have received information from CAMH and understand that there are potential consequences and risks implicit in shielding my personal health information from my health care providers, and am willing to accept and to take responsibility for these consequences and risks. If I have any questions, or concerns, I will contact my clinician to discuss them.

I understand that in some situations, CAMH may be permitted or required by law to use or disclose my personal health information, regardless of my lockbox instructions.

I understand that I can, at any time, contact the Health Records Department to revoke this lockbox request.

I will respond to any questions, by the Health Records Department and/or my clinical team, in order to assist them in processing this request.

I understand that by submitting this form I am making a request for a lockbox and that I will hear from CAMH whether my request has been approved or denied.

Client/Patient/Substitute Decision Maker Signature

Date: _____
(dd/mm/yyyy)

Print Client/Patient/Substitute Decision Maker Name
(last name, first name)

If substitute decision maker, print relationship to client/patient