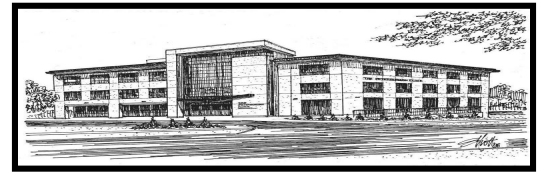


# THE PETERBOROUGH CLINIC

## Lockbox Policy



This policy is part of the Privacy Policy.

Ontario's health privacy law, the *Personal Health Information Protection Act* (PHIPA), provides individuals<sup>1</sup> with the right to make choices about, and control how, their personal health information (PHI)<sup>2</sup> is collected, used, and disclosed.

PHIPA gives patients the opportunity to restrict access to any or their entire PHI by one or more Team Members<sup>3</sup> or by external health care providers. Although the term "lockbox" is not found in PHIPA, lockbox is commonly used to refer to a patient's ability to withdraw or withhold their consent for the use or disclosure of their PHI for health care purposes. The lockbox provisions of PHIPA are found in sections 37(1)(a), 38(1)(a), and 50(1)(e). The lockbox does not extend to other uses or disclosures that are permitted or required under PHIPA or other legislation.

This policy will help our Team Members understand and fulfill their role when addressing lockbox requests and providing care to patients who have implemented a lockbox. Lockboxes may affect clinical practice for Physicians and Team Members because access to information about patients may be restricted, and physicians and inter-professional health care providers may be asked not to share PHI with other health care providers inside or outside of The Peterborough Clinic.

### Requests for a Lockbox

Any current or former patient<sup>4</sup> may request a lockbox to restrict sharing of all or some of their PHI by one or more Team Members or by external health care providers.

When patients ask about lockboxes, it is important for Team Members to address their concerns about the confidentiality of their PHI. Note that some patients may want to control who can access their PHI, but may not know to use the term "lockbox." Patients may want a lockbox when they use words such as "restrict," "limit," "don't tell," "exclude," "shield," or "block" when talking about their PHI. For example, patients may want a lockbox if they ask their health care provider or other Team Member:

- Not to tell their specialist that they are being treated at The Peterborough Clinic
- To exclude certain clinical staff from seeing their information
- To "shield" their information
- To "restrict" their health record
- Not to let their family members or neighbours who work with The Peterborough Clinic look at their health record

Patients may initiate the process for a lockbox by speaking with their physician or by contacting administration. Patients must submit their request for a lockbox in writing. Patients will be asked to

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<sup>1</sup> It is possible that we hold PHI about individuals who are not patients or who are former patients, and the lockbox policy would apply equally to those individuals.

<sup>2</sup> "PHI" is broadly defined under PHIPA. In our context it will mainly relate to a patient's health record and we have used "health record" interchangeably with PHI throughout the policy. It is possible that the Organization holds other PHI about an individual outside the health record and the lockbox policy would apply equally to that information, wherever it resides.

<sup>3</sup> We refer throughout to "Team Members" – but this policy applies to the physicians, their staff, volunteers, students, and vendors.

<sup>4</sup> An individual's substitute decision-maker may also request a lockbox and such requests are processed in the same manner.

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complete a “Patient Lockbox Request” form. The completed form must be submitted to the Privacy Officer’s designate.

The “Patient Lockbox Information” brochure should be given to patients who want more information. This brochure discusses the purpose, implications, and limitations of implementing a lockbox.

Lockbox requests can vary considerably. A patient may request that:

- Only some of the documents in their health record be locked
- All of their health record be locked
- All documentation created in the future be locked
- Only one Team Member be restricted from accessing PHI
- Several Team Members be restricted from accessing PHI
- All Team Members be restricted from accessing PHI
- One or more external health care providers not be given their PHI

Although PHIPA does not require that we lock documentation that does not yet exist, in practice, refusing to lock future documents may result in frequent lockbox requests from a patient if a lockbox will be requested every time a new document is created. For this reason, we will, where appropriate and if requested, lock documents as they are created. An example might be where a patient requests a future lockbox because one of their family members (or former spouse or partner) is a Team Member.

When patients request a lockbox, it often means they have concerns about their PHI and how it is being used and/or disclosed. Patients should be reminded that:

- We take privacy seriously and keep all PHI confidential and secure
- PHI is only accessed by Team Members on a need-to-know basis
- We conduct privacy audits regularly to ensure compliance with the need-to-know policy
- Where PHI is accessed without authorization, appropriate steps will be taken to prevent a recurrence and there would be disciplinary consequences
- PHI is disclosed only to external health care providers with whom the patient wants their PHI shared (unless the disclosure is otherwise permitted or required under PHIPA without consent, or by another law)

Sometimes a patient requests a lockbox when a lockbox is not necessary to resolve the patient’s concern. For example, a lockbox is not necessary to restrict the sharing of PHI with non-health care providers (e.g., family, employers, insurers) because we need the patient’s express consent (either in writing or if verbal, as documented by us) to share information with such recipients (unless, for example, a family member acts as the patient’s substitute decision-maker). If a patient does not want us to share information with non-health care providers – we will not do so unless there is legal authority to do so.

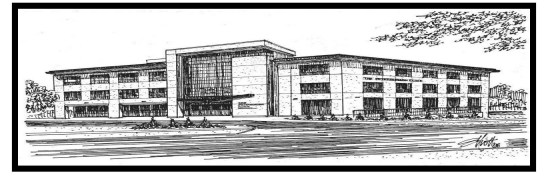
As another example, if patients disagree with the information in their health records they can ask for a correction and/or append a statement of disagreement to the record. For that reason, they may not need a lockbox to solve their concerns about the accuracy of the information in their health record.

### **Implications of Implementing a Lockbox**

If a patient chooses to move forward with a lockbox request, it is important that they understand the possible implications of the lockbox. There may be implications and risks to the patient and to their care.

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The Privacy Officer's designate or the patient's physician should discuss implications and risks with the patient. Examples may include:

- The patient not receiving the best possible service because health care providers may not have access to PHI that they need in order to provide the best possible care in a timely manner.
- The patient may have to undergo duplicate tests, procedures and/or health history questions, as applicable, if existing information is unavailable.
- We use a multidisciplinary team approach to providing care. Although each lockbox request is considered on a case-by-case basis, generally, a patient's choice to implement a lockbox should not prevent a team from providing care as per their standards of practice.
- There may be circumstances where clinicians providing health care ("Clinicians") cannot provide care in a manner that meets professional standards of practice if they do not have sufficient information. Such Clinicians may have to assess whether they can continue to provide care to a patient if there is insufficient information. However, the decision to discontinue care to a patient is a significant one and would only be made after thorough consideration of all the relevant information. Clinicians will try to maximize patient choice about how their PHI is used and disclosed while at the same time allowing all of the Clinicians to uphold their commitments to deliver a high quality patient care and to meet their obligations to their regulatory colleges.

There may be other risks specific to particular patients, which should be explored and discussed with patients directly.

### Decisions to Implement a Lockbox

The Privacy Officer or designate will review, respond to, implement, and administer lockbox requests (including on behalf of a physician, where applicable). Because the choice to implement a lockbox may have implications for the patient's care, if applicable, the patient's primary health care provider (e.g. physician) must be involved in processing the request as appropriate.

The practical methods of implementing lockboxes are varied; therefore, lockbox requests are considered on a case-by-case basis. A decision to implement a lockbox will be based on the practicality of the solution, technological feasibility, and the specific circumstances.

The Privacy Officer or designate will notify in a timely manner any patient who made a lockbox request of the decision made in respect of the lockbox. If a decision has been to deny a lockbox request, the patient will be informed of the right to make a complaint to the Information and Privacy Commissioner of Ontario.

### Lockbox Exclusions

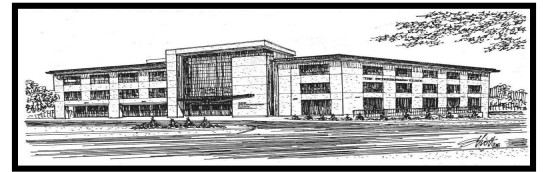
Because the patient's physician is the health information custodian for purposes of PHIPA, a lockbox cannot be used to prevent the patient's physician from accessing the record.

A lockbox is limited under PHIPA to those providing care to the patient. It does not operate to prevent administrative functions from being carried out or the use or disclosure of PHI for other authorized purposes. For example, even where a lockbox is in place, it will not prevent The Peterborough Clinic from:

- Obtaining or processing payments

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- Planning services
- Quality improvement
- Disposing of information
- Complying with a court order
- Litigation
- Research (with research ethics board approval)
- Teaching Team Members to provide health care

The above actions are permitted under sections 37-50 of PHIPA.

A lockbox does not prevent the physician from using or disclosing PHI where there is a legal obligation to do so (for example, to fulfill mandatory reports to the Children’s Aid Society or to the Ontario Ministry of Transportation). The physician or Allied Health Professionals may also use or disclose PHI if there are reasonable grounds to believe that using or disclosing the information is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons. There may be other circumstances where the use or disclosure of PHI is required or permitted by law. The Team Member should consult with a Privacy Officer when in doubt.

### **Identifying a Lockbox**

Before reviewing a patient's PHI, Team Members must always check to see if a lockbox has been applied.

Team Members should be aware of how records are made subject to a lockbox and what a lockbox looks like.

### ***Electronic Records:***

If a patient has implemented a lockbox, a lockbox message will appear when a user attempts to access PHI through the electronic medical record (EMR). A “Chart Locked Notification” will appear. Demographic information will be the only information visible to a “Locked User”.

### **Paper Records:**

If the entire health record is subject to a lockbox, it will be in a sealed envelope (signed across the seal by a Privacy Officer or designate) with a label affixed to it that reads “Lockbox” and a “Chart Locked Notification” form will be apparent and will include a list of unauthorized or “locked” persons.

If a portion of the health record is subject to a lockbox, the relevant portion will be in a sealed envelope (signed across the seal by the Privacy Officer or designate) with a label affixed to it that reads “Lockbox” and a “Chart Locked Notification” form will be apparent and will include a list of unauthorized or “locked” persons.

### **“Breaking” the Lockbox**

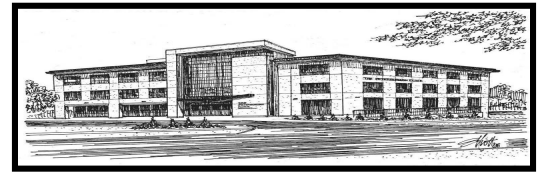
If a Team Member is authorized to access information that is otherwise “locked”, the following instructions explain how to access the PHI.

### ***Electronic Record:***

Written consent is given to the IT Department and the appropriate access is made available.

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### ***Paper Record:***

To “break” a lockbox, a Team Member would open the sealed envelope and remove the paper records. Access to the health record is then available.

Any Team Member who accesses PHI that is protected by a lockbox must document on the patient’s health record the reason and authorization for “breaking” the lock. All information subject to a lockbox will be monitored and there will be random audits of such files. If Team Members are in doubt about whether they are legally permitted to break a lockbox, they should contact a Privacy Officer or designate.

For paper health records, if the lockbox restrictions continue after the lock has been broken for a specific purpose, the PHI should be “locked” again in another sealed and signed envelope by the Privacy Officer or designate. The electronic record will continue with the assigned lockbox restrictions until they are removed.

Of course, a patient may choose to withdraw a lockbox request or unlock PHI in a lockbox. That decision must be in writing and must be documented on the health record.

### **Notice to External Health Care Providers**

If a patient’s lockbox instructions state that the patient does not want all or some PHI shared with an external health care provider, the physician will not disclose PHI to the restricted external health care provider unless:

- We are permitted or required by law to do so (for example, we need to disclose the PHI to the external health care provider in order to reduce or eliminate a significant risk of serious bodily harm to the patient or to another person or persons)
- The external health care provider has provided us with written proof of the patient’s express consent to the disclosure.

If the physician is prevented from disclosing PHI relevant to the provision of care to an external health care provider because of a lockbox, the physician or designate has an obligation to notify the receiving health care provider that not all the relevant PHI has been provided. As a note, the receiving health care provider is then able to explore the matter of the “locked” information with the patient and seek consent to have the locked information shared.

### **Audits**

The Privacy Officer or designate will conduct audits of locked health records to ensure compliance with patient lockbox instructions and to determine whether there has been inappropriate access to locked information. Any apparent unauthorized access to locked information will be investigated.

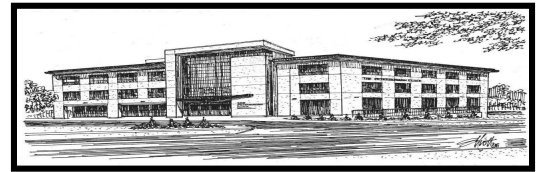
### **Breach of Privacy**

Unauthorized access by a Team Member to a patient’s health record constitutes a breach of privacy and may result in disciplinary action up to and including termination of employment or contract.

If there is a lockbox on a patient’ health record and a Team Member is excluded from accessing the PHI, it is a considered a breach for that Team Member to access the PHI without specific authorization from the physician or Privacy Officer or designate or unless otherwise permitted or required by law to use or

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disclose the information (such as in an urgent situation in order to prevent a significant risk of serious bodily harm).

The physician is obliged to notify any affected patient(s) of a privacy breach and their rights and will do so in accordance with the requirements of PHIPA.

### **Attachments**

Appendix A – Patient Lockbox Information Brochure

Appendix B – Patient Lockbox Request Form

Appendix C - Lockbox Notification Sheet