Ontario Ministry of Health

Blocking Access to Your Drug and Pharmacy Service Information

If you complete this form, you will block your health care providers from accessing certain information about you for the purpose of providing health care to you.

Background

The Ministry of Health ("ministry") is providing access to information about the publicly funded drugs, monitored drugs or pharmacy services you receive, to your health care providers (e.g. physicians, nurse practitioners and pharmacists) who are directly involved with your care. This is so that they have more information about your medication and pharmacy service history to provide high quality health care to you.

Decision to Block Access

By signing this form you have decided to block your health care providers from accessing the above information for the purpose of them providing health care to you.

Your decision to block access to the above information will have no effect on your ability to receive monitored drugs and pharmacy services, or your eligibility to receive publicly funded drugs.

Even if you have blocked your health care providers from accessing information about your monitored drugs for the purpose of providing health care to you, information about your monitored drugs will still be accessible to a health care provider who:

- has actually prescribed or dispensed a monitored drug to you, or
- is determining whether to prescribe or dispense a monitored drug to you.

Before completing this form, you are encouraged to consult with your health care providers about the importance of them knowing your medication and pharmacy service history to help make informed decisions about the care you receive.

Changing Your Decision in the Future

If, in the future, you wish to allow your health care providers to access the above information, you may do so by submitting a signed "Unblocking Access to Your Drug and Pharmacy Service Information" form to the ministry.

In addition, during each visit with your health care provider you or your substitute decision-maker have the option of granting him or her temporary access to this information. To do so, your health care provider will request your or your substitute decision-maker's signature to authorize this access.

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1. Applicant Information

Complete the following information. If hand-filling, please print using a black or blue ballpoint pen. **Once completed, please return the form to the address at the end of the form.**

Fields marked with an asterisk (*) are mandatory.

Last Name *	First Name *	Middle Initial

Health Number *	Sex	Date of Birth * (yyyy/mm/dd)	Language Preference
	☐ Male ☐ Female ☐ Other		☐ English ☐ French

Current Address

Unit Number	Street Number *	Street Name *	PO Box

City/Town *	Province *	Postal Code *	Telephone Number *

2. Signature

The ministry's Statement of Information Practices, available at www.ontario.ca/page/statement-information-practices-ministry-health-and-ministry-long-term-care, describes how and for what purposes the ministry may use and disclose personal health information in accordance with the *Personal Health Information Protection Act, 2004*. For more information about the collection, use and disclosure of monitored drugs, please see "Public notice regarding the Ministry of Health collection, use and disclosure of information under the *Narcotics Safety and Awareness Act, 2010*" or call ServiceOntario INFOline at 1-866-532-3161 (Toll-free in Ontario only) or TTY 1-800-387-5559, or visit our website at www.ontario.ca/page/ontarios-opioid-strategy.

Your signature or your substitute decision-maker's signature *	Date (yyyy/mm/dd) *
X	

If the signature above is your substitute decision-maker's signature, print the signatory's information below:

Last Name	First Name

Identity of Substitute Decision-Maker (check one)

- ☐ Guardian of the Person (attach supporting documentation)
- ☐ Attorney for Personal Care (attach supporting documentation)
- ☐ Representative appointed by Consent and Capacity Board (attach supporting documentation)
- ☐ Spouse/Partner
- ☐ Parent
- ☐ Child
- ☐ Sibling (specify) _____
- ☐ Other relative (specify) _____

Note

Forms should be returned by mail or fax to: ServiceOntario INFOline, 5775 Yonge Street, 16th Floor, Toronto ON M7A 2E5. Fax: 416-314-8721. This information will be used by the ministry to process your blocking instructions.
For more information, please contact ServiceOntario INFOline toll-free at 1-800-291-1405 (TTY 1-800-387-5559), or visit the ministry's website at www.ontario.ca/page/health-care-provider-access-drug-and-pharmacy-service-information.