Ontario

Ministry of Health and Long-Term Care

Reinstating Access to Information in the Ontario Laboratories Information System (OLIS) Reinstatement of Consent

Instructions

Complete this form if you want ALL your laboratory test requests and results (Laboratory Test Information) made accessible through OLIS to the Ministry of Health and Long-Term Care (Ministry) and to ALL participating health care providers involved in your care.

The Ontario Laboratories Information System (OLIS) is a secure electronic system that allows authorized health care providers and laboratories to share information about laboratory test requests and results (Laboratory Test Information). Authorized health care providers use OLIS to access Laboratory Test Information, in real time, for health care purposes.

Having previously withdrawn consent to access my Laboratory Test Information in OLIS, I now hereby wish to reinstate consent to the sharing of ALL my Laboratory Test Information in OLIS with the Ministry and with ALL participating Ontario health care providers involved in my care. I understand that I may also temporarily reinstate consent to share ALL of my Laboratory Test Information in OLIS with a SPECIFIC health care provider by communicating my instructions at the time I receive care. Such an instruction will allow that health care provider to access ALL of my Laboratory Test Information through OLIS for a limited period of time.

Please note that you cannot reinstate consent for specific test information.

If I later decide that I do not want ALL of my Laboratory Test Information in OLIS to be made accessible to the Ministry and to ALL participating Ontario health care providers involved in my care, I understand that I continue to have the right to withdraw my consent either by completing a **Withdrawal of Consent Form** and submitting it to any participating laboratory, or by contacting Service Ontario at 1 800 291-1405 (TTY 1 800 387-5559).

Patient Information

Last Name	First Name	Middle Initial

Ontario Health Number (including version code)	Gender ☐ Male ☐ Female	Date of Birth (yyyy/mm/dd)

Patient Mailing Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Alternate Identifier (Complete this section only if you do not have an Ontario Health Card Number)

Alternate Province Health Number	Province

Medical Record Number	Name of Facility that issued Medical Record Number (e.g. Hospital)

Facility Mailing Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Signatures

Signature of the patient or his/her substitute decision-maker	Date (yyyy/mm/dd)

If a substitute decision-maker has signed, that person must print his or her name below.

Last Name	First Name

Identity of substitute decision-maker (Check one)

☐ Parent ☐ Guardian ☐ Representative appointed by Consent and Capacity Board ☐ Sibling (specify): _____

☐ Spouse/Partner ☐ Child ☐ Attorney for Personal Care ☐ Other Relative (specify): _____

The information on this form will be collected and used by participating laboratories, the Ministry and eHealth Ontario to process your request to reinstate access to your Laboratory Test Information contained in OLIS. By completing this form, you are consenting to the collection and use of the information in this form as well as your personal health information that is held in OLIS for the purpose of processing your request. Ministry staff or other authorized agents of the Ministry may contact you to verify the contents of this form, or to request additional information that may be necessary to process your request. For more information, please contact ServiceOntario toll-free at 1 800 291-1405 or 416 327-0956 or visit the Ministry's website at www.Ontario.ca/YourhealthPrivacy.

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