Ontario

Ministry of Health

and Long-Term Care

Restricting Access to Information in the Ontario Laboratories Information System (OLIS) Withdrawal of Consent

Instructions

Complete this form if you do not want your laboratory test request(s) and result(s) (Laboratory Test Information) to be accessed by the Ministry of Health and Long-Term Care (Ministry) and by health care providers who have not ordered your laboratory tests.

Submit the completed form to any laboratory participating in OLIS. (The Ministry will not accept any forms.)

The Ontario Laboratories Information System (OLIS) is a secure electronic system that allows health care providers and laboratories to share Laboratory Test Information. Health care providers use OLIS to access up-to-date Laboratory Test Information for health care purposes. The Ministry has custody and control of OLIS.

If you complete this form, the Ministry, and any health care providers not listed on your test requisitions, will not have access to your laboratory test information in OLIS without your express consent. However, the health care provider who ordered the laboratory test, other providers identified on the test requisition to receive the results, and the laboratory that submitted the results to OLIS will continue to have access to your Laboratory Test Information through OLIS.

If you later wish to reinstate your consent to permit the Ministry and ALL health care providers involved in your care to access ALL of your laboratory test information in OLIS, you may do so by contacting ServiceOntario at 1-800-291-1405 (TTY 1-800-387-5559). Please note that you cannot reinstate consent for specific test information. Also, restricting access to a specific lab order cannot be implemented after the test has been performed.

If you withdraw your consent, it will in no way affect your relationship with your health care provider(s). Please note that this consent withdrawal will only apply to laboratory test information associated with the Ontario Health Number and/or alternate identifiers that you have provided on this form.

Test Information (please select 1 option)

◯ **Check here to restrict access to ALL your lab test information that has been and will be entered into OLIS.**

OR

◯ **Check here to restrict access to the SPECIFIC test identified.**	**Test Order Number**	**Date the test specimen was collected (yyyy/mm/dd)**

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):

When completed, this form can be attached to a laboratory requisition form and submitted to a Laboratory Specimen Collection Centre at the time of receiving laboratory services. By completing this form, you are consenting to the collection and use of the information in this form by participating laboratories, the Ministry, and eHealth Ontario, to process your request to restrict access to your Laboratory Test Information in OLIS. The Ministry, or an agent 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 416 327-0958 (TTY 1 800 387-5559) or visit the Ministry's website at www.Ontario.ca/YourhealthPrivacy.

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