Ontario Ministry of Health

Unblocking Access to Your Drug and Pharmacy Service Information

Only complete this form if you have previously blocked your health care providers from accessing your drug and pharmacy service information, and wish to change that decision. If you complete this form, you will allow your health care providers to access drug and pharmacy service 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 Unblock Access

By signing this form you have decided to unblock your health care providers' access to the above information.

Changing Your Decision in the Future

If, in the future, you wish to block your health care providers from accessing the above information, you may do so by submitting a signed ‘Blocking Access to Your Drug and Pharmacy Service Information’ form to the ministry.

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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 unblocking 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.