



GUARDIAN ON BEHALF OF ADULT DISCLOSURE DIRECTIVE

ADULT'S PERSONAL HEALTH (CARECARD) NUMBER

1 2 3 4 A B C D

PLEASE PRINT IN CAPITAL LETTERS ONLY

This form is to be completed by the guardian making or revoking a disclosure directive on behalf of an adult.

- Please:
- Mail the completed form to the address on the bottom left hand corner of this form.
 - Ensure that you have enclosed photocopies of the adult's BC CareCard and one other piece of valid Canadian government-issued identification (e.g. driver's license, passport).
 - Ensure that you have enclosed a photocopy of your valid Canadian government-issued identification (e.g. driver's license, passport).
 - Contact Health Insurance BC at 1 800 663-7151 or in the Lower Mainland 604 683-7151 to determine what legal documentation you must submit to demonstrate your authority to make personal and health care decisions on behalf of the adult.
 - Ensure you have filled out the Personal Health (CareCard) Number information in the box above.

ADULT LEGAL LAST NAME

ADULT LEGAL FIRST NAME

ADULT LEGAL SECOND NAME

ADDRESS OF ADULT

APT / UNIT: _____ STREET NUMBER: _____ STREET NAME: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____ ADULT BIRTHDATE (MM / DD / YYYY): _____

GUARDIAN / REPRESENTATIVE LEGAL LAST NAME: _____ GUARDIAN / REPRESENTATIVE LEGAL FIRST NAME: _____ GUARDIAN / REPRESENTATIVE LEGAL SECOND NAME: _____

ADDRESS OF GUARDIAN / REPRESENTATIVE

APT / UNIT: _____ STREET NUMBER: _____ STREET NAME: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

GUARDIAN DAYTIME TELEPHONE NUMBER: _____ GUARDIAN BIRTHDATE (MM / DD / YYYY): _____

I understand that a disclosure directive will be made or revoked for the health information bank(s) that I have indicated in the table below.

MAKE DISCLOSURE DIRECTIVE	REVOKE DISCLOSURE DIRECTIVE
<p>I wish to make a disclosure directive for the following health information bank:</p> <p><input type="checkbox"/> Laboratory information (e.g. blood, urine test)</p>	<p>I wish to revoke a disclosure directive for the following health information bank:</p> <p><input type="checkbox"/> Laboratory information (e.g. blood, urine test)</p>

I have read and understand the effect of a Disclosure Directive as outlined on the back of this form. I certify that the information provided in this form is true and the attached photocopies of my Canadian government-issued identification, the legal documentation demonstrating my authority to make personal and health care decisions for the adult, the adult's BC CareCard and the adult's Canadian government-issued identification are true copies of valid identification. To the best of my knowledge I have legal authority and am acting in accordance with the associated duties and obligations by making or revoking a disclosure directive on behalf of the adult.

SIGNATURE OF GUARDIAN / REPRESENTATIVE: _____ DATE SIGNED (MM / DD / YYYY): _____

Personal information on this form is collected under the authority of the *E-Health (Personal Information Access and Protection of Privacy) Act* and its Disclosure Directive Regulation. The information will only be used to update your address if required in order to ensure accuracy and to make or revoke your disclosure directive for the health information bank(s) indicated by you on this form. Personal information is protected from unauthorized use and disclosure in accordance with the *Freedom of Information and Protection of Privacy Act* and may be disclosed only as provided by that Act.

DISCLOSURE DIRECTIVES

Making or revoking a disclosure directive is a personal decision. It is the right of every BC resident:

- 19 or over to make or revoke a disclosure directive for him or herself;
- 18 or under, who is able to demonstrate that he or she understands the nature and consequences of making a disclosure directive, to make or revoke a disclosure directive for him or herself;
- who is a parent, to make or revoke a disclosure directive on behalf of his or her minor child; and
- who is a legal guardian or permanent representative, to make or revoke a disclosure directive on behalf of an adult for whom they have the legal right to make personal and health care decisions.

It is also your right to choose not to make a disclosure directive.

What is a disclosure directive?

- A disclosure directive is an electronic “mask”, applied to your personal health information in the health information banks (HIB) you select, which requires a health care provider to obtain your key word before seeing your information in your Electronic Health Record (EHR).
- The keyword unlocks the masked information and allows temporary access until the health care event has been resolved. In an emergency where you are unconscious, certain health care providers can still gain access without the keyword, if necessary.

What does a disclosure directive do?

- **Does** give you the ability to control which health care providers have access to your personal health information in each HIB to which the disclosure directive is applied.
- **Does** allow for the creation of a keyword, which you can use to grant access to that information as you see fit.
- **Does** require health care providers to obtain your permission to access your personal health information, which may result in a delay to the receipt of health care. A health care provider who is refused access to parts of your EHR may not be able to provide you with appropriate care.

What doesn't a disclosure directive do?

- **Does not** mask individual records (i.e. individual test results). The “mask” applies to all your personal health information contained in each HIB selected.
- **Does not** mask any personal health information that is stored outside of the selected HIBs.
- **Does not** affect your existing rights to privacy. Existing laws will continue to protect your right to privacy and ensure against misuse of your personal information, including personal health information.

What is the Electronic Health Record (EHR)?

- A secure and private lifetime record of your key health history and care within the health system.
- Permits secure information exchange between health care providers, patient information systems and the health information banks (HIB) where your health information will be stored.

Authorized clinicians and health care providers will be able to access the data using a secure web-based viewer application or through computer to computer information transfers. Only health professionals who are providing you with care, and need the information to do so, will be able to see your EHR.

What is a health information bank (HIB)?

- Different types of health records (e.g. lab tests, diagnostic imaging) will be housed in separate, secure, electronic databases called health information banks (HIB).
- When your EHR is activated, the relevant files are pulled from each HIB and displayed for your health care provider to view.