

OCINet Consent Directive Request Form

Request to: Place a New Consent Directive on Patient Exam(s)
 Modify or Remove Consent Directives in place for Patient Exam(s)

Please select the appropriate system:

South and Western Diagnostic Imaging Repository (SW DIR) Central and Eastern Diagnostic Imaging Repository (CE DIR) North and Eastern Diagnostic Imaging Repository (NE DIR)

Information about Patient Record Blocking Capabilities in OCINet DIRs:

Support for consent directives in DIR is limited to the blocking of authorized user access to specified exam(s) for a patient, with no support for override. Exams subject to a consent directive will not be accessible through OCINet's Foreign Exam Management (FEM) service.

For records subject to block in the DIR:

- *SW and NE DIR:* Authorized DIR users will be able to search and find a patient and identify all available imaging including the blocked study, without being able to access the imaging or report for the study. For blocked studies, the description for the exam is replaced with this text: "Consent Directive Contact <OrgName> Health Records at <PhoneNumber>."
- *CE DIR:* Authorized DIR users will be able to search and find a patient and identify all available imaging that are not blocked from access. Users will not be aware that studies subject to a block have been suppressed from view or access.

Patients should be made aware that:

- The consent directive is exam-specific and will not block access to exams added to the system in the future.
- Patient exam(s) that have been blocked will still be available to authorized users of the contributing participant's PACs system, although they may be subject to local PACS consent management functionality.
- The consent directive will only apply to the specified exams contributed to the DIR by your organization. Imaging acquired at other facilities and contributed to the DIR would need to be managed by the patient with those providers.
- The patient will need to contact Ontario Health to withdraw consent for their exams to be collected, used or disclosed from the provincial EHR.

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Requesting Privacy Officer Name:	Organization Name:
Phone Number:	Email Address:

Patient Information (* indicates Mandatory field)

*Last Name:	First & Middle Names:	*Health Card #:
*Local PIN/MRN(s):	*Date of Birth (DD/MM/YYYY):	Gender:

Exam(s) To Be Removed or Reinstated

Exam Date (DD/MM/YYYY)	Exam Description	Organization	Modality	Accession #	PIN/MRN

Please do not email PHI in the completed form without using a secure transfer method.
 You can contact our office to be provided with a secure file upload location at the contact information below.

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