



Dispelling the Myths Under the *Personal Health Information Protection Act*

September 2012



Myth: Express consent is required to share information for health care purposes

Express consent is **not** required when sharing personal health information among health information custodians, such as hospitals, physicians and laboratories, to provide health care to an individual. The consent of the individual may be implied unless the custodian is aware that the individual has withheld or withdrawn consent. For more information please refer to the [Circle of Care: Sharing Personal Health Information for Health-Care Purposes](#).



Myth: Express consent must be provided in writing

Where express consent is required, such as when personal health information is shared with a person who is not a health information custodian or is shared for a purpose other than the provision of health care, the consent may be given verbally or in writing. To provide evidence that consent has been obtained, it is nonetheless recommended that verbal consent be documented in the health record.



Myth: Individuals do not have a right to see or get a copy of their own records

With very limited exceptions, such as when granting access could reasonably be expected to result in a risk of serious bodily harm to the individual or another person, individuals have a right to access their own records of personal health information, upon written request. However, health information custodians are encouraged to provide access in response to verbal requests of the individual and to communicate with individuals about their own records.



Myth: Information cannot be used for educational purposes

Health information custodians may use personal health information without consent to educate those providing health care on their behalf, provided that other information (such as de-identified or aggregate information) would not be sufficient. Where personal health information is needed, only the minimal amount necessary may be used for educational purposes.



Myth: Information can never be shared with family members

Personal health information may be shared with family members in some circumstances, including where the individual has expressly consented; the family member is the substitute decision-maker for the individual; or the information relates to a deceased individual and the information is needed by a spouse, partner, sibling or child to make decisions about their own health care or their children's health care.