



Request for Access to the Personal Health Record

Information and Instructions

We will provide you with access to your personal health record, unless a legal exception applies. We will review all health record access requests, and will make every effort to respond to your request within 30 days. A fee will be charged for processing this request and for photocopies. You will not be permitted to tamper with or remove any original documents.

Last Name			First Name		Initials
Mailing A	ddress				
Date of Bi	irth (yyyy mm dd)				
Telephone Number at Home			Telephone Number at Work		Work
	a substitute decision-r I your contact informati		quire cop	oies of documents that co	onfirm your authority as
Last Name			First Name		Initials
Mailing A	ddress				
Telephon	e Number				
PART B: 1.	ACCESS REQUEST Please describe deta provider, etc.)	ils that will h	elp us lo	cate the record (e.g., date	s, name of healthcare
	☐ Hotel Dieu Hospi	tal visits		Kingston General Hosp	pital visits
_					
-					
2.	How would you prefer to access this information? Please check off:				
	☐ Examine original ☐ Receive photoco				
Patient Signature			e (Print)		Date (yyyy mm dd)

Send completed form to: Release of Information c/o Hotel Dieu Hospital

166 Brock St., Kingston, ON K7L 5G2

Fax# 613-542-8071