

## Request for Access to the Personal Health Record

### **Information and Instructions**

We will make your personal health information and access logs available for examination, unless a legal exception applies. We will review all health record access requests, and will make every effort to respond to your request within a maximum of 30 days after receiving request. Urgent circumstances may require a shorter turnaround and this will be accommodated as is operationally possible. A fee will be charged for processing your request and for photocopies. A fee schedule is available upon request. In the event where an access request relates to information contributed by eHealth Ontario or another regional/provincial system, you will be redirected accordingly. If you need assistance in completing this form, please call (613) 544-3400, extension 4125.

### **PART A: PATIENT INFORMATION** (please print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initials: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
( yyyy / mm / dd )

Telephone # (home) : \_\_\_\_\_ Alternate #: \_\_\_\_\_

**If you are a substitute decision-maker, we require copies of documents that confirm your authority as such, and your contact information:** (please print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initials: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

### **PART B: ACCESS REQUEST**

1. Please describe details that will help us locate the record (e.g., dates of service, name of healthcare provider, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How would you prefer to access this information? Please check off:

Examine originals in the facility

Receive photocopies of originals

**Patient / SDM Signature:** \_\_\_\_\_ **Name (print) :** \_\_\_\_\_ **Date:** \_\_\_\_\_  
( yyyy / mm / dd )

### **Please send completed form to:**

Release of Information  
Kingston Health Sciences Centre  
166 Brock Street  
Kingston, ON K7L 5G2  
Fax # 613-542-8071