Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Hôpital Hotel Dieu Hospital

KGH Hôpital Général de Kingston General Hospital

PATIENT REQUEST FOR RECEIPT OF DIAGNOSTIC TESTING REPORTS

Health Information Services/Cancer Centre/Renal Care Staff: Date Completed and initials: yyyy/mm/dd)_____

Information and Instructions: We will provide patients with a copy of your diagnostic testing as identified below upon completion of all sections of this form. This request form only applies to **diagnostic tests done within the last 30 days and that are identified on the back of this form.** See reverse side for further information.

PART A: PATIENT INFORMATION

_____ First Name: (print)

_____ Last Name: (print)

_____ Date of Birth: (yyyy/mm/dd)

_____ Health Card Number

_____ Telephone Number where you can be reached

_____ Signature: Patient/Substitute Decision Maker

_____ Date: (yyyy/mm/dd)

PART B: ACCESS TO DIAGNOSTIC TESTING REPORTS REQUEST

Please describe details that will help us locate the record (e.g. Institution, type of report, dates, name of procedures, etc.)

- ☐ Kingston General Hospital Site ☐ Hotel Dieu Hospital Site
- ☐ Cancer Centre (This consent is valid for the duration of your care at the Cancer Centre)
- ☐ Renal Care (This consent is valid for the duration of your care at the Renal Care Program)

IDENTIFY THE TYPE OF DIAGNOSTIC REPORT REQUESTED AND THE DATE IT OCCURRED

- ☐ Lab (date(s): yyyy/mm/dd) _____
- ☐ Xray (date(s): yyyy/mm/dd) _____
- ☐ Type of test report requested (date(s): yyyy/mm/dd): _____

PART C: METHOD OF DISTRIBUTION (please select either pick up or mail)

- ☐ Pick up at **Kingston General Hospital** Health Information Services Department Kidd 1
- ☐ Pick up at **Hotel Dieu Hospital** Health Information Services Department
- ☐ Record has been released or will be released to patient by a:
  - ☐ **Cancer Centre staff*:** _____ (staff initial)
  - ☐ **Renal Care Program staff*:** _____ (staff initial)

**Staff will identify "patient copy" on all released documents and will send this completed form to Health Information Services for scanning.*

- ☐ Mail to home address (please provide correct home address:_____

_____

Patient: Upon completion of this form please return to Health Information Services or to the registration/reception desk.
Registration/Reception: Please forward completed form to Health Information Services.

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EXAMPLES OF TESTING:

- ✓Audiogram
- ✓Blood work (lab)
- ✓Echocardiogram (Echo)
- ✓Electrocardiogram (ECG)
- ✓Electroencephalogram (EEG)
- ✓Electromyogram, Electro diagnostic Laboratory (EMG)
- ✓Gastroenterology (GI) tests
- ✓Holter Reports (first 2 pages)
- ✓Imaging /X-RAYS (CT, MRI, Doppler)
- ✓Neuro Physiological Testing (ENG)
- ✓Pathology
- ✓Pulmonary Function Tests (PFT)
- ✓Stress Tests (Tread Mill)
- ✓Vestibular Function Lab (VNG)

DOCUMENTS THAT DO NOT APPLY AND WILL NOT BE RELEASED WITH THIS REQUEST FORM:

- Autopsy Reports or information on deceased patients
- Clinic Reports, Letters, Examinations, Assessments, Consults, Psychological or any Medical or Professional Reports
- External Documents

Note: Diagnostic testing reports that are not stored on the Patient Care System (PCS) cannot be provided by the Health Information Services and will have to be requested and released by those departments that retain the record. This form should still be completed and returned to Health Information Services. If you have any questions, please contact Health Information Services 613-549-6666 Extension 6800.

HOW TO OBTAIN A COPY OF YOUR MEDICAL RECORD:
Should you require access to other medical records, please fill out an “Authorization to Release your Personal Health Information" form that is available at www.kingstonhsc.ca .Search My Health Care Information and follow the instructions. Once completed, the form can be emailed to khscroirequest@kingstonhsc.ca or faxed to 613-542-8071

METHOD OF SUBMITTING REQUEST FOR RECEIPT OF DIAGNOSTIC TESTING REPORTS:
If you submit this form by email to khscroirequest@kingstonhsc.ca you are providing your email only for the purposes of submitting your completed form. Diagnostic reports will only be released by methods outlined in Part C.