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

Hôpital Hotel Dieu Hospital

KGH Hôpital Général de Kingston General Hospital

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) 549-6666 extension 4949.

PART A: PATIENT INFORMATION (please print)

Last Name: _____ First Name: _____ Initials:_____

Mailing Address: _____
street name/number city/town province postal code

Date of Birth (yyyy/mm/dd):_____ Health Card Number:_____

Primary Telephone Number: _____ Alternate Number: _____

PART B: ACCESS REQUEST

1. Please describe what you need and include details that will help us locate the record (e.g., Institution, type of report, dates of service, name of procedures, etc.). ☐ Kingston General Hospital Site ☐ Hotel Dieu Hospital Site ☐ Cancer Centre
   _____
   _____
   _____
   _____
2. Please check how you would prefer to access this information. *(Note: We do not have the capability to safely email records).*
   - ☐ Receive photocopies of records by mail to address noted above
   - ☐ Pick up records (arranged by appointment)
3. Required Fees: A non-refundable fee of $30 (includes the first 20 pages) is required plus 0.25 cents per additional page is payable upon completion of request and release of record.

PART C: AUTHORIZATION

I, _____, have the legal authority to make this request in my capacity as:
(*Print first and last name)*

- ☐ The patient
- ☐ The patient's Substitute Decision Maker (select one and include copies of documents which prove authority):
  - ☐ Custodial parent or legal guardian of an incapable youth (child less than 16 years of age)
  - ☐ Attorney for Personal Care of an incapable adult
  - ☐ Other (Please explain):_____
- ☐ The Estate Trustee/Executor for a deceased patient (include copies of documents which prove authority)

If you are not the patient, please provide your:_____
(Mailing Address) *(Telephone Number)*

Date (yyyy/mm/dd) :_____ Signature: _____

Please send completed form to:
Release of Information, Kingston Health Sciences Centre
Kingston General Hospital Site
76 Stuart St, Kingston, ON K7L 2V7
Fax # 613-542-8071

For more information scan the QCR code or visit "My Health Care Information" at www.kingstonhsc.ca