

Centre des sciences de la santé de Kingston



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 / mn		
Telephone Number at Home:	Telephone Number a	at Work:
If you are a substitute decision-n contact information: (please prin	naker, we require copies of documents that cont t)	firm your authority as such, and your
Last Name:	First Name:	Initials:
Mailing Address:		
Telephone Number:		
PART B: ACCESS REQUEST		
1. Please describe details that	will help us locate the record (e.g., dates of service HDH Site	_
2. How would you prefer	to access this information? Please check off:	
Examine record	s in the facility	
Receive photoc	opies of records	
Patient / SDM Signature:	Name (print):	
Please send completed form to:	Release of Information Kingston Health Sciences Centre Hotel Dieu Hospital Site 166 Brock Street, Kingston, ON K7L 5G2 Fax # 613-542-8071	(yyyy / mm / dd)