

1. Patient Information							
First Name *	Last Name *						
Address							
DOB	CPI						
2. Person Making the Request (ONLY COMPLETE IF YOU ARE NOT THE patient)							
First Name *	Last Name *						
Relationship to the patient*							
Address:							
3. Information being Requested							
Which of the following information do you need (please check all that apply)?							
<input type="checkbox"/> All health information from the last <table style="margin-left: 20px; width: 80%;"> <tr> <td><input type="checkbox"/> 3 months</td> <td><input type="checkbox"/> 3 years</td> </tr> <tr> <td><input type="checkbox"/> 6 months</td> <td><input type="checkbox"/> 5 years</td> </tr> <tr> <td><input type="checkbox"/> 2 months</td> <td><input type="checkbox"/> All</td> </tr> </table>		<input type="checkbox"/> 3 months	<input type="checkbox"/> 3 years	<input type="checkbox"/> 6 months	<input type="checkbox"/> 5 years	<input type="checkbox"/> 2 months	<input type="checkbox"/> All
<input type="checkbox"/> 3 months	<input type="checkbox"/> 3 years						
<input type="checkbox"/> 6 months	<input type="checkbox"/> 5 years						
<input type="checkbox"/> 2 months	<input type="checkbox"/> All						
<input type="checkbox"/> Some health information (describe what information you would like) 							
4. * Permission to Leave Voice Mail							
If we need to confirm information or contact you, we will call you. May we leave a message if you do not answer the phone? <input type="checkbox"/> Yes you may leave a detailed message <input type="checkbox"/> No you may not leave a detailed message Provide any instructions about leaving a message (e.g., only on electronic voicemail, not with a person if the phone is answered). 							

5. * Signature Note: The signature of both parents or proof of custody is required for children under 12

Name: _____
(Printed)

Signature: _____

Date: _____

Parent/Guardian #2. Required for children Under 12

Name: _____
(Printed)

Signature: _____

Date: _____

Note: The signature of both parents or proof of legal custody is required for children under 12. A certificate of Estate Trustee With a Will, A Certificate of Estate Trustee Without a Will or a notarized Will or letter stating you are the estate trustee is required for deceased patients.

RELEASE OF INFORMATION OFFICE USE ONLY

6. Identity Confirmed

Drivers Licence

POA

Certificate of Estate Trustee With a Will

Certificate of Estate Trustee Without a Will

Other _____

7. Notes

Instructions to the person making the request: Return completed form to PRH Release of Information Office

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 in a timely fashion. Please complete Parts A and B of this Form. Part C is for our internal use. For information about our privacy protection practices, contact the Personal Health Information Access Office at: 705 MacKay Street, Pembroke Ontario, K8A 1G8, Fax: 613-732-6343 Telephone: 613-732-3675Ext 6142

Ontario law (PHIPA) allows a healthcare provider to charge administrative fees to a person who wants a copy of his or her medical records. We may ask you to pay a fee before giving you a copy of your record.