



**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.