Hôpital Régional de Pembroke Regional Hospital

Release of Information Office
Pembroke Regional Hospital
T: (613) 732-3675 Ext 6142
F: (613) 732-6343
www.pemreghos.org

Request for Audit of Electronic Medical Record Access

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

List of people that have viewed your electronic medical record

☐ All of them, or

☐ Some of them:

A certain person : _____

People who viewed my medical record in the past:

☐ 3 months ☐ 3 years

☐ 6 months ☐ 5 years

☐ 12 months ☐ All

Specific Dates:

From: _____ To: _____

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?

☐ Yes you may leave a detailed message

☐ 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).

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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.