

OFFICE USE ONLY:

Release ID:

Date Received:

Information and Instructions

Under the Personal Health Information Protection Act ("PHIPA"), an individual's right to privacy in respect of their personal health information continues after they are deceased. Once an individual passes, only their legally authorized representative may request access to their personal health information. A Power of Attorney does not apply to the right of access to personal health information of a deceased patient. St. Joseph's Healthcare Hamilton ("SJHH") requires that you provide documentation verifying your authority to access the information you are requesting, in order for us to feel satisfied with your identity.

We may provide access to personal health information to the Executor or Estate Trustee, or the person who has assumed responsibility for the administration of the deceased's estate, if the estate does not have an Estate Trustee. Additionally, PHIPA allows for disclosure of information about deceased individuals under limited and specific circumstances. We may not be able to provide access to information about deceased individuals in all cases. Each request is assessed on a case by case basis.

We review all health record access requests, and make every effort to respond to each request within thirty (30) days of receipt of the request. If your request is urgent please advise us and we will do our best to accommodate your needs. Should your request involve a) a large volume of records or b) include records which require consultation or review prior to release, we may require additional time to process your request. We will advise you in writing if we require an extension of time to respond to your request.

Read more about accessing information about deceased individuals in Ontario [here](#).

This form can be sent to our team of Release of Information Specialists (address below) or by email: relinfo@stjoes.ca

* For information about our privacy protection practices and fee schedule, please visit our website at www.stjoes.ca/privacy

Part A: Patient Information (The Deceased Individual)

Name: _____
First Last Initials

Address: _____
Street Unit/Apt. # City / Province Postal Code

Telephone Number: _____ Date of Birth: _____
yyyy/mm/dd

Part B: Requestor Information

Name: _____
First Last Initials

Address: _____
Street Unit/Apt. # City / Province Postal Code

Telephone Number: _____ Date of Birth: _____
yyyy/mm/dd

Email Address: _____

This form continues on next page

Charlton Campus
 50 Charlton Ave., East,
 Hamilton, ON, Canada L8N 4A6
 Tel: 905.522.1155 x 33417
 Fax: 905.521.6096
 Email: relinfo@stjoes.ca

King Campus
 2757 King Street East
 Hamilton, ON, Canada L8G 5E4
 Tel: 905.573.4806
 Fax: 905.573.4825
 Email: relinfo@stjoes.ca

West 5th Campus
 100 West 5th Street
 Hamilton, ON, Canada L8N 3K7
 Tel: 905.522.1155 x 35504
 Fax: 905.381.5614
 Email: relinfo@stjoes.ca

Part C: Attestation

Please see the last page of this form and complete the respective attestation

Part D: Access Request

Please select the option below that best meets your needs. Our staff are happy to answer any questions which may help you identify the information you want:

1. **Individual Information**

Should you wish to receive a specific document, records from a specific visit or clinician, or individual pieces of information from your patient record, please describe your request below:

2. **Summary of Patient Record or Visit(s)**

You will receive key documentation from each visit within your requested timeframe. Key documentation includes discharge summaries, consultation notes, clinic notes, ER notes, laboratory results, typed radiology reports, pathology reports and operative notes.

Date Range:

From:

Until:

Visit Type(s):

Physician:

3. **Full Legal Medical Record**

You will receive a complete copy of all information contained in your patient record within your requested timeframe. Please note that the printed version of your electronic medical record can be quite large. This encompasses all documentation including physician and nursing progress notes, flowsheets, test results, medical administration records, and correspondence

Date Range:

From:

Until:

Visit Type(s):

Physician:

4. **Confirmation of Death Letter**

You will receive a letter authorized by our Health Information Management Department confirming the passing of the individual

Additional Comments:

How would you prefer to receive this information? Please indicate with a check mark.

Receive photocopies of originals

Receive records by secure email

NOTE: All requests are subject to a \$30 + HST processing fee and additional fees for copying, retrieval and special handling where applicable. We will advise you if the records contain information that must be withheld under PHIPA.

Signature (type or sign)

Printed Name

Title

Date (yyyy-mm-dd)

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Email: relinfo@stjoes.ca

Part C: Attestation

Requestor's Name: _____

Deceased Individual's Name: _____

Your relationship with the Deceased: _____

Does the Deceased have a Will? Yes No Unknown

Has someone been assigned to administer the Deceased's estate? Yes No Unknown
(i.e. close their accounts)

Your authority:

- I am named in the Will
- I am named as an Executor or Estate Trustee
- I have a Certificate of Appointment of Estate Trustee
- I have a Notarized Letter
- I have assumed responsibility of administrating the deceased's estate or managing their affairs
- Other Please explain:

By signing below, I confirm that I am submitting a request for access to a deceased individual's personal health information from St. Joseph's Healthcare Hamilton (SJHH).

To my knowledge, there is no other individual with a greater interest or more authority to access the deceased's information.

I understand that St. Joseph's Healthcare Hamilton may disclose information to me, however, disclosure is not required in all cases. SJHH will exercise discretion as required by PHIPA.

I will provide all supporting legal documentation (mentioned above) and I attest that it is true, accurate and current.

Name (*printed*)

Signature

Date

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