

Request for Access to Personal Health Information

OFFICE USE ONLY:

Release ID:

Date Received:

Information and Instructions

Only the patient, substitute decision maker (SDM), or authorized legal representative may make requests for access to patient personal health information. We provide access to personal health information, unless a legal exception applies. 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. *Refer to our "Submitting a Request for Access to Personal Health Information" brochure for further information.*

Please complete this form and submit the completed request to the Release of Information Specialist (address below) or by email: reinfo@stjoes.ca

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

Part A: Patient / Requestor Information

Name: _____
First Last Initials

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

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

Email Address: _____

If you are the Substitute Decision Maker (SDM), please provide your contact information below and append copies of documentation confirming your authority:

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 Page 2

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

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

Part B: 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:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
- Receive records via MyDovetale

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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