

# CONSENT FOR RELEASE OF PERSONAL HEALTH INFORMATION

## PATIENT INFORMATION

Last Name:		First Name:		Initial:
No.:	Street Name:			Apartment No.:
City:		Province / State:		Country:
Postal Code / Zip:		Date of Birth:		Gender:
Contact Number – Area Code & Number:		Extension:	Alternate Number – (Area Code) & Number:	
			Extension:	

## REQUESTOR AND REASON FOR RELEASE OF INFORMATION

Self  
  Guardian  
  POA/**SDM**  
  Lawyer/Insurance  
  Other: \_\_\_\_\_

**The undersigned hereby requests Espanola Regional Hospital & Health Centre to release/obtain my personal health information to:**

Last Name:		First Name:		Relation/Title:	
No.:	Street Name:			Apartment No.:	
City:			Province / State:		
Country:			Postal Code / Zip:		
Contact Name:		Contact Number: (Area Code) & Number	Extension	Fax #: (Area Code) & Number	

*To access/disclose the following information if applicable; specify dates of visits, contacts, hospitalization, treatment or other information required.*

Document(s) Required/:	Date of Visit(s):

## PERSONAL HEALTH INFORMATION AUTHORIZATION FOR RELEASE

I understand that this information is to be used by the Recipient for the purpose of:

Date: \_\_\_\_\_  
Day / Month / Year

Patient/**SDM**\*: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Please print Name)

Witness: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Please Print Name)

**\*Substitute Decision Maker (SDM) must provide the hospital with authorization documentation. \***

Personal Information contained in this form is collected in accordance with the *Freedom of Information and Protection of Privacy Act* for the purpose of consenting to disclosure of personal health information.

Questions about this collection can be directed to the Privacy Officer, Health Records Department 705-869-1420 ext. 3108

Please forward to: Espanola Regional Hospital & Health Centre – Health Records Department  
825 McKinnon Dr., Espanola, ON P5E 1R4  
**Phone:** (705) 869-1420 Ext. 3008 – **Confidential Fax:** (705) 869-3323  
**E-mail :** HealthRecordsEGH@esphosp.on.ca

## Submitting a Request

Patients or their eligible substitute decision makers are entitled to access their health information. Some requests may be subject to approval by the health care provider. Substitute decision maker must provide the hospital with authorization documentation.

\*All requests must be made in writing by completing this form.

Completed requests can be mailed, faxed, e-mailed or hand-delivered to the Espanola Regional Hospital & Health Centre to the attention of the *Health Records Department – Release of Information*. Health Records staff will contact you via contact number provided with any questions and to inform you of fees and when request is complete.

Records are processed according to medical priority sequencing and will be completed in a timely manner. In accordance with the “Personal Health Information Protection Act” PHIPA, we have up to 30 days to process a completed request, however we aim to complete your request as soon as possible.

Health Records staff will contact you via provided phone number with any questions they have in regards to your request, to inform you of the fee and to inform you of when it is ready to be picked up or if it has been sent.

Pickup at Main Registration during business hours. Must provide proof of government issued identification (with photo and signature) and fee must be paid in full.

## Fees

There is an administration fee associated with a request to view and/or obtain a photocopy of your health record.

If you're **requesting to view your health record**, the administrative fee is \$33.90 (\$30.00 + HST).

If you're **requesting a photocopy of your health record**, the administrative fee is \$33.90 (\$30.00 + HST) for 20 pages and \$0.25 (+HST) for each additional page.

**Additional fees may be charged on top of the \$30.00 fee. Fees must be paid prior to release of the records. The Release of Information staff will inform you of any other fees prior to completion of request as the price listed above does not reflect every type of request.**

**Note:** There is no fee for circle of care requests. (When records go directly from one health care provider to another)

**Health Records Department**  
Espanola Regional Hospital & Health Centre  
825 McKinnon Dr., Espanola, ON  
P5E 1R4

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**E-mail:** HealthRecordsEGH@esphosp.on.ca

<https://espanolaregionalhospital.ca/patients-and-visitors/health-records-privacy>

PLEASE NOTE:

*Release of Information staff are unable to interpret or advise on health issues or on the care documented in the records. We recommend that health information be reviewed in conjunction with your health care provider, so that interpretation may be provided if necessary.*

*E-mail is not considered a safe and secure means of communication. We do not use e-mail to respond to requests for health records.*