



Children's Hospital of Eastern Ontario
Centre hospitalier pour enfants de l'est l'Ontario

401 Smyth Road, Ottawa, Ontario,
Canada K1H 8L1 FAX: 613-738-4855

Attention: Health Records Department Release of Information

**REQUEST/CONSENT FOR ACCESS/DISCLOSURE
OF PERSONAL HEALTH INFORMATION**

Patient Name: _____

Date of Birth: _____

MRN: _____

TO BE ACCESSED DISCLOSED
TO/FROM: (REQUESTERS NAME, ADDRESS AND PHONE/FAX NUMBER)

INFORMATION	COMMENTS AND DATES
<input type="checkbox"/> Discharge Summary	_____
<input type="checkbox"/> Operative/Pathology Reports	_____
<input type="checkbox"/> Anaesthesia/Recovery Room	_____
<input type="checkbox"/> Medical Imaging (X-ray, CT, MRI, Ultrasound)	_____
<input type="checkbox"/> Laboratory Reports	_____
<input type="checkbox"/> Consultation/Progress Notes	_____
<input type="checkbox"/> ED Record	_____
<input type="checkbox"/> Confirmation of Dates	_____
<input type="checkbox"/> Summary of Chart*	_____
<input type="checkbox"/> Complete Chart Copy	_____
<input type="checkbox"/> Other	_____

* Can include but not limited to discharge summary, operative and pathology reports, consultation report, medical imaging and laboratory reports

CONSENT FOR RELEASE OF PATIENT HEALTH INFORMATION

Patient consent must be obtained for disclosing personal health information to a third party (e.g. Lawyer, Insurance) or if the request is related to information from a health care organization located outside the province of Ontario. Include copies of documents providing your authority as a legal guardian.

I authorize The CHILDREN'S HOSPITAL OF EASTERN ONTARIO to access/disclose the information noted above.

_____ Name of patient (12 years or older)	_____ Signature of patient (12 years or older)	
_____ Name of parent /legal guardian	_____ Signature of parent /legal guardian	_____ Relationship with patient
_____ Name of Witness	_____ Signature of Witness	
_____ Date		

The authorization for Disclosure of Personal Health Information is valid for 12 months from date of signing. It can be withdrawn at any time by notification in writing to the Health Records Department.

HEALTH RECORDS USE ONLY: Completed by: _____ **Total \$:** _____ **Date:** _____



Standard Fee Schedule for Access/Disclosure of Personal Health Information

A base charge of \$30.00 will be charged to all disclosure of personal health information requests	
The \$30.00 base charge covers:	
<ul style="list-style-type: none"> • Receiving and clarifying the request • Locating and retrieving the Health Record, including any records held electronically • Providing an estimate of the access fee to the requester • Preparing the record for photocopying, printing, faxing, for no longer than 30 minutes • Preparing a response letter to the requester • The cost of mailing a record by regular mail to an address within Canada 	
When applicable, additional fees will be as follows:	
Examination of original health records	\$7.50 for every 15 minutes after the first 30 minutes
Preparing a health record for photocopying, printing or faxing	\$7.50 for every 15 minutes after the first 30 minutes
Photocopies of a health record	\$0.25 per page
Supervising an individual's examination of original records	\$50.00 for first 60 minutes \$6.75 for every 15 minutes after
Printing a photograph from a negative or from a photograph stored electronically	\$10.00 per print 4"x5"
Providing a copy of records on an encrypted USB stick	\$10.00 in addition to the prescribed fees
Off-site chart retrieval	\$25.00 additional surcharge for non-urgent requests
Standard Fees by Requester	
Medical professionals	NO CHARGE
Patient or parent/legal guardian	\$30.00 for first 1-20 pages
Dates of Treatment/Visit History	\$10.00 flat rate
Proof of Death	\$25.00 flat rate
STAT request surcharge for non-patient care related requests (within 1-5 business days) Patient or parent/legal guardian	\$100.00 additional surcharge
Insurance Company	\$30.00 for first 1-20 pages
Lawyers	\$30.00 for first 1-20 pages
STAT request surcharge for non-patient care related requests (within 1-5 business days) Lawyers, Ins Co, Consulting Firms)	\$300.00 additional surcharge
WSIB Ontario	\$48.15 flat rate
WSIB (other provinces)	\$130.00 flat rate
Criminal Injuries Compensation	\$140.00 flat rate
College of Physicians and Surgeons (CPSO)	\$0.25 per page
When applicable, additional fees for Direct Costs will be as follows:	
<ul style="list-style-type: none"> • Courier costs, if courier delivery is requested • The cost of mailing a record to an address outside of Canada 	

Cheques or money order should be made payable to:
Children's Hospital of Eastern Ontario

And sent to the attention of:
**Health Records Department
Release of Information**