



REQUEST/CONSENT FOR ACCESS/DISCLOSURE OF PERSONAL HEALTH INFORMATION

Patient Name:
Date of Birth:
MRN:

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

Table with 2 columns: INFORMATION and COMMENTS AND DATES. Rows include Discharge Summary, Operative/Pathology Reports, Anaesthesia/Recovery Room, Medical Imaging, Laboratory Reports, Consultation/Progress Notes, ED Record, Confirmation of Dates, Summary of Chart, Complete Chart Copy, Developmental Pediatrician Reports, Psychological Reports, and 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.

Signature lines for patient (12 years or older), parent/legal guardian, witness, and 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 It can be withdrawn at any time by notification in writing to the Health Records Department.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**

Request	Fees
Medical Professionals	NO CHARGE
Insurance Companies	\$30.00 for first 1-20 pages and \$0.25/page thereafter
Lawyers	\$30.00 for first 1-20 pages and \$0.25/page thereafter
W.S.I.B. (Ontario)	\$48.15 flat rate
W.S.I.B. (other provinces)	\$130.00 flat rate
Criminal Injuries Compensation	\$140.00 flat rate
Confirmation of Dates of Treatment/Visit History	\$10.00 flat rate
Proof of Death	\$25.00 flat rate
College of Physicians & Surgeons (CPSO)	\$0.25/copy
Patient/Substitute Decision Maker	\$30.00 for first 1-20 pages and \$0.25/page thereafter
STAT request surcharge for non-patient care related requests (within 1-5 business days) Patient/Substitute Decision Maker	\$100.00 on top of the prescribed fee
STAT request surcharge for non-patient care related requests (within 1-5 business days) Lawyers/Insurance Companies/Consulting Firms	\$300 on top of the prescribed fee
For supervising an individual's examination of original records	\$50.00 includes up to first 60minutes and \$6.75/15minutes thereafter
Off-Site Retrieval	\$25.00 for non-urgent request additional surcharge
For printing a photograph from a negative or from a photograph stored in electronic form per print	\$10.00 for 4" x 5"
For making and providing on an encrypted USB stick containing a copy of a record stored in electronic format	\$10.00 in addition to the prescribed fee

Cheques or money order should be made payable to
Children's Hospital of Eastern Ontario and sent to the attention of
Health Records Release of Information