



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

Patient First and Last Name:

Date of Birth:

MRN or HCN:

TO BE  ACCESSED  DISCLOSED FROM  CHEO  OCTC  GENETICS  DENTAL

TO/FROM:  Release to MyChart

Requestors Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### INFORMATION

### COMMENTS AND DATES

- Discharge Summary \_\_\_\_\_
- Operative/Pathology Reports \_\_\_\_\_
- Medical Imaging (X-ray, CT, MRI, Ultrasound) \_\_\_\_\_
- Laboratory Reports \_\_\_\_\_
- Consultation/Progress Notes \_\_\_\_\_
- ED Record \_\_\_\_\_
- Complete Chart Copy \_\_\_\_\_
- Other \_\_\_\_\_
- Summary of Chart\* \_\_\_\_\_

\* Can include but not limited to the most recent year of discharge summaries, operative and pathology reports, consultation reports, 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. Please provide 2 pieces of Identification when submitting and picking up your request.**

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 It can be withdrawn at any time by notification in writing to the Health Records Department.*

Please send your completed release electronically to: [releases@cheo.on.ca](mailto:releases@cheo.on.ca), via fax at (613) 738-4855, via mail - Attention CHEO Health Records, 401 Smyth Road, Ottawa, ON K1H 8L1 or in person at the Health Records Department.



**STANDARD FEE SCHEDULE FOR  
ACCESS/DISCLOSURE OF PERSONAL HEALTH INFORMATION**

<b>Request</b>	<b>Fees</b>	<b>Delivery Options</b>
Medical Professionals (other hospitals, Physicians, Coroners, Police, Authorized Agencies)	No Charge	Epic Autofax (under 80 pages)
		Via mail (over 80 pages)
Patient/Parent Requests	\$30.00 for first 20 pages + \$10.00 for USB – for Electronic Documentation	Via mail
		Pick up in Health Records
	\$30.00 for first 20 pages + \$10.00 for USB + 0.25 for paper copies	<b>Release to MyChart (payment via phone)</b>
For making and providing an encrypted USB containing a copy of a record stored in electronic format	\$10.00 in addition to the prescribed fee	Via mail (courier)
		Pick up in Health Records
Confirmation of Dates (also available in MyChart)	\$30.00	Via mail
		Pick Up in Health Records
		<b>In MyChart: No fee</b>
Supervised Review of a Record (an Health Information Management professional will sit with requestor)	\$50.00 for the first 60 minutes and \$6.75 for every 15 minutes thereafter	In Person (Please contact <a href="mailto:releases@cheo.on.ca">releases@cheo.on.ca</a> to book your appointment)
Insurance Companies	\$160.00 (first 20 pages) and \$0.25 a page thereafter plus offsite chart retrieval costs and \$10.00 USB cost	Paper copy via Mail (courier)
		Pick up in Health Records
Lawyers (including Legal Aid and Office of the Children’s Lawyers)	\$30.00 and \$0.25 a page thereafter plus offsite chart retrieval costs and \$10.00 USB cost	Via mail (courier)
		Pick up in Health Records
WSIB (Ontario)	\$48.15 flat rate	Epic Autofax (under 80 pages)
WSIB (Other Provinces)	\$130.00 flat rate	Epic Autofax (under 80 pages)
Criminal Injuries Compensation	\$140.00 flat rate	
College of Physicians and Surgeons (CPSO)	\$0.25 per page	Via mail
College of Nurses of Ontario	\$0.25 per page	Via mail



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Proof of Death	\$30.00	Via mail
		Pick up in Health Records
STAT Requests – Patient/Parent Requests (within 1-5 business days)	\$100.00 on top of the prescribed fee	Via mail
		Pick up in Health Records
STAT Requests – Lawyer, Insurance/ Consulting Firms (within 1-5 business days)	\$300.00 on top of the prescribed fee	Via mail (courier)
		Pick up in Health Records
Offsite Chart Retrieval	\$25.00 and applies to Legal and Insurance Requests	
Printing a photograph from a negative or from a photograph stored in electronic form	\$10.00	

**Cheques should be made out to CHEO and sent to the attention of Release of Information in Health Records. We also accept credit card payments via Telephone. Please call 613-737-7600 Ext 2292.**