MARKHAM STOUFFVILLE HOSPITAL CORPORATION

Print | Reset Form

CONSENT TO RELEASE PERSONAL HEALTH INFORMATION

☐ ***Markham Site*** 381 Church Street, P.O Box 1800
Markham, Ontario L3P 7P3
Phone: (905) 472-7373 ext. 6216
Fax: (905) 472-7381

☐ ***Uxbridge Site*** 4 Campbell Dr, P.O. Box 5003
Uxbridge, Ontario L9P 1S4
Phone: (905) 852-9771 ext. 5245
Fax: (905) 862-2007

1. Patient Information

Last Name	**First Name**		
Date of Birth (DD/MM/YY)	Health Card #		
Address			
City	Province	Country	Postal Code
Phone # (Best Daytime):		Alternate #:	

2. Personal Health Information

I hereby authorize Health Information Management of Markham Stouffville Hospital to disclose the following personal health information:
(specify information requested)

_____

contained in the record of my

☐ Emergency visit on: *date(s)* _____

☐ Outpatient visit on: *date(s)* _____ in Dept.: _____

☐ Inpatient visit on: *date(s)* _____ to: _____

3. Release Information

Release my personal health information TO: ☐ Self ☐ Other (as indicated below)

Name			
Address			
City	Province	Country	Postal Code
Phone		Fax	

4. Signatures

_____
Print Name of Patient/Substitute Decision Maker

_____
Signature of Patient/Substitute Decision Maker

_____
Print Name of Witness

_____
Relationship to Patient (if signed by Substitute Decision Maker)

_____
Signature of Witness

_____
Date

_____
Date

Note:
1. The authorization must be dated within 90 days of submission.
2. The authorization only pertains to information dated prior to the date it was signed.

Guide to Requesting your Personal Health Information from Markham Stouffville Hospital, Markham or Uxbridge site

To request a copy of your personal health information, you must provide the following:

- A completed and signed *Consent to Release Personal Health Information* form
- The administrative fee (see details below)

Send the required information to:

Markham site
Fax: (905) 472-7381

Uxbridge site
Fax: (905) 862-2007

Requests are processed when the above required information is received in good order. They are processed in order of receipt . We are required to respond within 30 days.

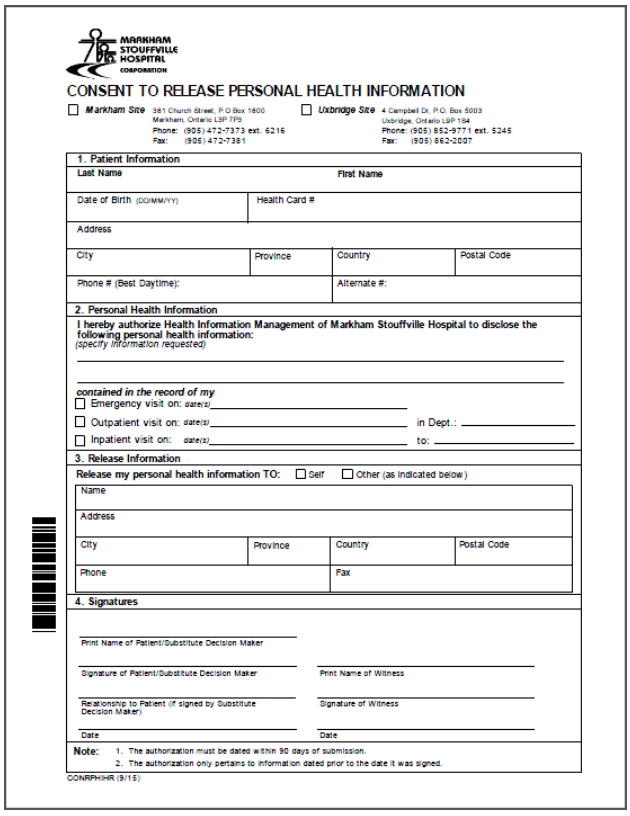
Release of Information will contact you when the records are ready for pick up and inform you of the balance owing (if applicable). One piece of government issued photo ID will be required for identity verification before the records are released.

If you are requesting copies of diagnostic images such as X-rays, MRIs or CT scans (in disc format), contact the Diagnostic Imaging Department at 905-472-7373, ext. 6505.

Administrative Fees

Requests are subject to a $30.00 non-refundable administrative fee which includes the first 20 pages of requested records. An additional 25¢ per hard copy page (exceeding the first 20 pages) is payable upon completion of the request.
If your records are to be released to an individual within your circle of care (ie. physician, hospital, etc.) the administrative fees do not apply.
For urgent requests, we do offer a rush service at an additional fee of $300.00 and must be provided before processing. Urgent requests can be ready within three to five business days.

How to complete the *Consent to Release Personal Health* form



MARKHAM STOUFFVILLE HOSPITAL CORPORATION

CONSENT TO RELEASE PERSONAL HEALTH INFORMATION

☐ *Markham Site* 381 Church Street, P.O Box 1600 Markham, Ontario L3P 7P3 Phone: (905) 472-7373 ext. 6216 Fax: (905) 472-7381

☐ *Uxbridge Site* 4 Campbell Dr, P.O. Box 5003 Uxbridge, Ontario L9P 1S4 Phone: (905) 852-9771 ext. 5245 Fax: (905) 862-2007

1. Patient Information

Last Name | First Name

Date of Birth (DD/MM/YY) | Health Card #

Address

City | Province | Country | Postal Code

Phone # (Best Daytime): | Alternate #:

2. Personal Health Information

I hereby authorize Health Information Management of Markham Stouffville Hospital to disclose the following personal health information:
(specify information requested)

contained in the record of my
☐ Emergency visit on: date(s)
☐ Outpatient visit on: date(s) in Dept.:
☐ Inpatient visit on: date(s) to:

3. Release Information

Release my personal health information TO: ☐ Self ☐ Other (as indicated below)

Name

Address

City | Province | Country | Postal Code

Phone | Fax

4. Signatures

Print Name of Patient/Substitute Decision Maker

Signature of Patient/Substitute Decision Maker | Print Name of Witness

Relationship to Patient (if signed by Substitute Decision Maker) | Signature of Witness

Date | Date

Note: 1. The authorization must be dated within 90 days of submission.
2. The authorization only pertains to information dated prior to the date it was signed.

CONRPHIHR (9/15)

Section 1 Patient Information
Complete this section with all your information including date of birth.

Section 2 Personal Health Information.
List, in detail, the records you are requesting and the dates pertaining to the visit.

For example: Complete health record, lab, diagnostic imaging reports.

Section 3 Release Information
If you are requesting copies of your Personal Health information for yourself, check **Self**.

If you are releasing your information to another individual (such as your Power of Attorney, parent, physician, insurance company, executor of estate), check **Other** and their information (complete name, address, contact number, etc.) must be completed

Section 4 Signatures
All forms must be signed, dated and witnessed.
The form must be signed and dated within 90 days of receipt.

Children under the age of 12:

- both parents must print their name and sign the form. In the event that one parent has sole custody, proof of custody must be provided.
  OR
- legal guardian must print their name and sign the form and provide proof of guardianship

If you have an appointed Power of Attorney(s), they must print their name and sign the form and provide a copy of the Power of Attorney for Personal Care.

If you are making a request for records of a deceased patient, the executor(s) information must be completed in Section 3 and signed by all the executors in Section 4. Proof of executor authority and a copy of the will is required.

If you have any questions, please contact **Release of Information department** at **905-472-7373 ext 6216.**