



WOMEN'S COLLEGE HOSPITAL
Healthcare | REVOLUTIONIZED

76 Grenville Street, Toronto, ON M5S 1B2

HEALTH INFORMATION DEPARTMENT
ACCESSING PERSONAL HEALTH
INFORMATION

PATIENT IDENTIFICATION

INFORMATION AND INSTRUCTIONS

We will provide you with access to your personal health record, unless a legal exception applies. We will review all health record access requests, and will make every effort to respond to your request in a timely fashion. Please complete Parts A and B of this form. Part C is for our internal use. For further information please contact the Release of Information Specialist in the Health Information Department at: 416-323-6098 or you can visit us at 76 Grenville Street, Room P1-208, Toronto, Ontario M5S 1B2. Please note that our general business hours is from Monday to Friday, 8:00am to 4:00pm.

PART A: REQUESTOR INFORMATION

PATIENT CONTACT INFORMATION:

Last name: _____ First name: _____ Initials: _____

Mailing address: _____

Telephone number: _____ Date of birth: / /
DD/MM/YYYY

Hospital Identification number: _____ Health Card Number: _____

If you are a substitute decision-maker, your contact information:

Last name: _____ First name: _____ Initials: _____

Mailing address: _____

Telephone number: _____

Note: Include copies of documents that provide your authority as a substitute decision-maker.

PART B: ACCESS REQUEST

1. Please describe what you need and include details that will help us locate the record (such as dates, name of healthcare provider).



