



76 Grenville Street
 WOMEN'S COLLEGE HOSPITAL Toronto, Ontario
 Healthcare | REVOLUTIONIZED M5S 1B2

**HEALTH INFORMATION DEPARTMENT
 ACCESSING PERSONAL
 HEALTH INFORMATION**

PATIENT IDENTIFICATION

INFORMATION AND INSTRUCTIONS	CONTACT INFORMATION
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We will provide you with access to your personal health information, 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. For further information please contact the Release of Information Specialist in the Health Information Department. Please note that our general business hours are from Monday to Friday, 8:00am to 4:00pm.

Email: requestforrecords@wchospital.ca
Phone: 416-323-6098
Fax: 416-323-7315
Address: 76 Grenville Street,
 Room P1-208,
 Toronto, ON, M5S 1B2

PART A: REQUESTOR INFORMATION

PATIENT CONTACT INFORMATION:

Last name: _____ First name: _____
 Mailing address: _____
 Telephone number: _____ Date of birth: ____/____/____
 DD / MM / YYYY
 Medical Record Number (MRN): _____ Health Card Number: _____

SUBSTITUTE DECISION-MAKER CONTACT INFORMATION:

Last name: _____ First name: _____
 Mailing address: _____
 Telephone number: _____

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

PART B: ACCESS REQUEST

1. Please provide a description of the health record being requested and include details that will help us locate the health record (such as dates, name of healthcare provider etc.).

2. How would you prefer to receive the requested information? Please select one:

- Receive an electronic copy via encrypted e-mail
 Patient e-mail address: _____
- Receive printed copy by regular mail
- Receive printed copy in-person pickup

PRINT NAME: _____ **SIGNATURE:** _____ **DATE:** ____/____/____
 DD / MM / YYYY

