



MRN: _____

Form to Request Access To Personal Health Records

Instructions: OSMH will provide you with access to your personal health record unless a legal exception applies. We make every effort to respond to your request within 30 days. Please complete Parts A and B of this Form. Mail or fax the completed form, or drop it off in person at OSMH (attn.: Health Records). **Questions?** Call Release of Information 705-325-2201 ext.3513 **Mail:** Attention Health Records, 170 Colborne St.W. Orillia, ON L3V 2Z3 **Health Records Fax:** (705) 325-8652 *Please do not email this form as it contains personal health information – by emailing your personal health information, you acknowledge that email is not secure and are willing to accept the security risk.*

PART A: PATIENT & REQUESTOR INFORMATION

Patient Information

Patient's Last Name First Name Middle Initial

Telephone Number Date of Birth

Mailing Address

If you are the patient's substitute decision-maker, your contact information:

Last Name First Name

Telephone Number

Relationship to the patient

Note: *Include copies of documents that provide your authority as a substitute decision-maker (such as Power of Attorney for Personal Care, Will, Custody paperwork)*

MRN: _____

PART B: DETAILS OF ACCESS REQUEST

Describe what records you are requesting, and include any details that will help us locate the record (e.g., dates of visit(s), name of healthcare provider, etc.).

How would you prefer to access this information? Please check:

- Receive hard copies of originals**
- Examine originals in the facility**

Signature

Name (print)

Date

Witness Signature
Signature

Witness Name (print)
Name (print)

Date
Title