

Personal Health Records Request Form

Requester	☐ Patient ☐ Substitute Decision Maker (i.e. Guardian or POA) ☐ Estate Trustee ☐ Foreign Resident		
First Name	Initial(s)	Last Name	Date of Birth
City	Province	Address	Postal Code
Request Type	☐ All records; ☐ Records for a Specified Timeframe; ☐ Emergency Department Records Only; ☐ Birth Time Only; ☐ Birth Records Only; ☐ Mental Health Records; ☐ Other _____		
Request Details /Comments			
Preferred Method to Access Information	☐ Electronic Disclosure _____ Email ☐ Hard Copy/Pick Up		

Patient Signature: _____

Date: _____

SDM Signature: _____

Date: _____

- A \$30.00 administrative fee is required for all requests; prepayment is required before a request can be processed.
- Records are released within 30 days from receipt of payment; the \$30 fee completely covers an electronic request.
- Extra printing fees may apply if your hard copy request exceeds 20 pages (charged at \$0.25 per additional page).
- Please contact the Release of Information Office for additional information at roi@osmh.on.ca or at ext. 3513.