

Personal Health Records Request Form

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.
- A \$30 administrative fee is required for all requests; prepayment is required before a request can be processed.
- Records are released within 30 days from the receipt of payment; the \$30 fee completely covers an electronic request for records.
- 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.

Requester	☐ Patient ☐ Substitute Decision Maker (i.e. Guardian or POA) ☐ Estate Trustee ☐ Foreign Resident
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 Please describe what you need and include details that will help us locate the record (e.g., dates, name of healthcare provider, etc.).	
Preferred Method to Access Information	☐ Electronic Disclosure _____ Email ☐ Hard Copy/Pick Up

Patient Contact Information:

_____	_____	_____
Last Name	First Name	Initials

Mailing Address

_____	_____
Telephone Number	Date of Birth

Substitute decision-maker information:

_____	_____	_____
Last Name	First Name	Initials

Mailing Address

_____	_____
Telephone Number	Date of Birth

Consent to the request for personal health records:

_____	_____	_____
Patient Signature	Name (print)	Date

_____	_____	_____
SDM Patient Signature	Name (print)	Date