KGH KINGSTON GENERAL HOSPITAL

The Religious Hospitallers of Saint Joseph of the Hotel Dieu of Kingston

HOTEL DIEU HOSPITAL, KINGSTON, ONTARIO

REQUEST FOR ACCESS TO THE PERSONAL HEALTH RECORD

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 within 30 days. A fee will be charged for processing this request and for photocopies. You will not be permitted to tamper with or remove any original documents.

PART A: PATIENT INFORMATION

Last Name _____ First Name _____ Initials _____

Mailing Address _____

Date of Birth (yyyy/mm/dd) _____

Telephone Number at Home _____ Telephone Number at Work _____

If you are a substitute decision-maker, we require copies of documents that confirm your authority as such, and your contact information:

Last Name _____ First Name _____ Initials _____

Mailing Address _____

Telephone Number _____

PART B: ACCESS REQUEST

1. Please describe details that will help us locate the record (e.g., dates, name of healthcare provider, etc.)

☐ Hotel Dieu Hospital visits ☐ Kingston General Hospital visits

_____

_____

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

☐ Examine originals in the facility.
☐ Receive photocopies of originals.

Patient Signature _____ Name (Print) _____ Date (yyyy/mm/dd) _____