



Health Information Services and Informatics

Consent for Release/Request of Personal Health Information

(Submission instructions on reverse)



PATIENT / RESIDENT/ CLIENT IDENTIFICATION:

Name: Patient/Resident/Client Health Care Number: Date of Birth: DD/MONTH/YYYY Mother's Name:

PLEASE COMPLETE SECTION A OR B AS APPLICABLE

A. INFORMATION REQUEST FOR ONGOING CARE & SERVICE BY TREATING HEALTHCARE PROVIDERS

Name of Healthcare Provider / Program Mailing Address City/ Province Postal Code Name and phone number of contact person.

This is an URGENT REQUEST required for care today

B. PERSONAL OR THIRD PARTY REQUESTS (See back for detailed explanation)

I hereby authorize Eastern Health to Release Request Personal Health information to from:

Name Mailing Address City/ Province Postal Code Name and phone number of contact person. Purpose of Request

INFORMATION DESCRIPTION

Description of information being requested or released:

Limited Access or Restriction Instructions:(specify)

PERMISSION

This authorization will expire in days, and must be submitted to Eastern Health within 90 days of dated signature. This authorization may be revoked in writing at any time prior to the expiration date, except where action has already been taken.

Date: DD/MONTH/YYYY Signature: Original signature of patient/client/resident or authorized representative with supporting documents.

DELIVERY OF INFORMATION

Information will be mailed via Canada Post unless requestor makes arrangements for pick up in person. In emergent or urgent situations, faxing or emailing of information is available. :

Faxed to the number provided below** E-mailed to address provided below**

** Sending personal health information by fax or email carries a potential risk of improper or inadvertent disclosure.

Please print fax number or e-mail address in space above Signature and Date: Please sign and date accepting risk explained above.

For Office Use Only:

Processed by: Please sign name Please print name Date: DD/MONTH/YYYY Program / Department:

This request will be retained as part of the Health Record

Eastern Health acknowledges and respects the privacy of individuals. This personal information is being collected under the authority of Sections 29, 30 and 31 of the Personal Health Information Act and will be used for processing your request for the release of health information. Please direct any questions about this collection to the Health Information Services and Informatics department nearest you.



Requests for personal health information must be made in writing.

Prior to the release of information, the patient/resident/client must be positively identified. It is the responsibility of the Release of Information staff or agent designated to release information to verify at least 3 identifiers approved by Eastern Health.

- Name
- MCP/Unit Number/Health Care Number
- Photo ID
- Date of Birth
- Mother's Name

Information will be mailed to the patient/resident/client's address as recorded on registration, or picked up in person. When arriving in person, a photo or two other pieces of ID will be required.

Section A: While in the course of treatment and or service, a custodian, healthcare provider or other Regional Health Authority, either within or outside the Province, may have access to a Patient/Resident/Client's Personal Health Information, without written consent. The preferred method of releasing information is by mail. Information may only be faxed when required for **Immediate** or **Urgent** care.

Section B: Requests can be broken into 2 different types: Third Party and Personal Requests

Third Party Requests

Personal health information may be released/disclosed by authorized Eastern Health staff or agents with the original signed consent of the patient/resident/client, or authorized representative, or when required or permitted by Law.

Personal Requests

Upon written request Eastern Health will allow access or provide copies of personal health information to a patient/resident/client or authorized representative about themselves or their minor children. Release of information will not be denied except in circumstances described and defined by the Personal Health Information Act.

Third parties are individuals other than the patient/resident/client and those involved in the circle of care. Third parties include but are not limited to:

- | | |
|-----------------------------------|-----------------------|
| • Lawyers | • Employer |
| • Insurance Companies | • Schools |
| • Member of the House of Assembly | • Parents & Guardians |
| • Family | • Power of Attorney |

Applicable charges will be applied to requests according to Eastern Health fee schedule. A copy is available.

INFORMATION DESCRIPTION: give detailed description of the information to be released, when possible include site/program/service/department and period of when the information was collected.

Patient/resident/client have the right to limit the amount of information they wish to release. To limit access, the patient/resident/client must, provide instruction or describe the information that may not be released.

FAXING AND E-MAIL RISKS

Faxing and e-mailing have security weaknesses. To safeguard against improper or inadvertent access Eastern Health has created policies to govern this method of information exchange or disclosure.

Please submit your request to:

Submit Form