Listowel Wingham HOSPITALS ALLIANCE
Enriching Life's Journey Together

PIN #: _____

Patient or SDM (Substitute Decision Maker) Request to Access Personal Health Information

I _____ request access to the following information:
(Patient/SDM (Substitute Decision Maker)

Information pertaining to: (Detail of information to be released (dates, type of visit, other information as required)

Last Name	First Name	Date of Birth	Health Card Number

Method to receive information:

If choosing to receive information by email, by signing you accept the following risks:

Email can be inadvertently sent to the wrong recipient.
Email is often accessed on mobile devices that can be vulnerable to theft and loss.
Email can be forwarded or changed without knowledge or permission of the original sender.
Email may also be vulnerable to interception and hacking by unauthorized third parties.

☐ In Person ☐ Faxed ☐ Mail ☐ Email

Patient/SDM* requesting access:

Last Name	First Name	Relationship if other than patient (if patient is incapable or deceased)	Signature	Date (yy-mm-dd)

Contact Information

Address	City	Province	Country	Postal Code

Email	Telephone #	Fax #

*Authorized substitute decision-maker will be required to provide the documentation to satisfy the health information custodian.

Please provide one of the following pieces of ID to receive the requested information.

☐ Driver's License (required if receiving information through email) ☐ Passport ☐ Health Card (with photo) ☐ Other: _____

ID validated by: _____ _____
Printed Name Signature

Please Note: The fee is $30.00 + tax = $33.90 for up to 20 pages. Every additional page after that is $0.25 plus tax. Payment is due upon receipt.

This Consent For Disclosure is valid for 6 months and pertains to the disclosure of information that is specific to treatment received on or before the date signed. It can be altered or withdrawn by the patient or SDM at any time by written notification to the hospital. Withdrawal of consent is not retroactive to information already disclosed.