



REQUEST/CONSENT FOR ACCESS/DISCLOSURE OF PERSONAL HEALTH INFORMATION

Health Information Management Department
401 Smyth Road, Ottawa, Ontario, K1H 8L1
Fax: (613) 738-4855 Email: releases@cheo.on.ca

Patient First and Last Name: _____

Date of Birth: _____

MRN or HCN: _____

TO BE ACCESSED DISCLOSED FROM CHEO OCTC GENETICS DENTAL

TO/FROM: Release to MyChart Mail HOME AND COMMUNITY CARE

Requestors Name: _____
 Address: _____
 Telephone Number: _____ Fax Number: _____

INFORMATION

COMMENTS AND DATES

For Medical Imaging & Reports available via PocketHealth please visit <https://www.pockethealth.com/> to sign up.

- Discharge Summary _____
- Operative/Pathology Reports _____
- Laboratory Reports _____
- Consultation/Progress Notes _____
- ED Record _____
- Complete Chart Copy _____
- Other _____
- Summary of Chart* _____

* Can include but not limited to the most recent year of discharge summaries, operative and pathology reports, consultation reports, medical imaging and laboratory reports

CONSENT FOR RELEASE OF PATIENT HEALTH INFORMATION

Patient consent must be obtained for disclosing personal health information to a third party (e.g. Lawyer, Insurance) or if the request is related to information from a health care organization located outside the province of Ontario.

Include copies of documents providing your authority as a legal guardian. Please provide 2 pieces of Identification when submitting and picking up your request. Note – CHEO will not retain your identification.

I authorize The CHILDREN'S HOSPITAL OF EASTERN ONTARIO to access/disclose the information noted above.

_____ Name of patient (12 years or older)	_____ Signature of patient (12 years or older)	
_____ Name of parent /legal guardian	_____ Signature of parent /legal guardian	_____ Relationship with patient
_____ Name of Witness	_____ Signature of Witness	
_____ Date		

The authorization for Disclosure of Personal Health Information is valid for 12 months from date of signing. It can be withdrawn at any time by notification in writing to the Health Information Management Department.

Please send your completed release electronically to: releases@cheo.on.ca, via fax at (613) 738-4855, via mail - Attention CHEO Health Information Management Department, 401 Smyth Road, Ottawa, ON K1H 8L1 or in person at the Health Information Management Department.



**STANDARD FEE SCHEDULE FOR
ACCESS/DISCLOSURE OF PERSONAL HEALTH INFORMATION**

Request	Fees	Delivery Options
Medical Professionals (other hospitals, Physicians, Coroners, Police, Authorized Agencies)	No Charge	Epic Autofax (under 80 pages)
		Via mail (over 80 pages)
Patient/Parent Requests	\$30.00 for first 20 pages + \$10.00 for USB – for Electronic Documentation	Via mail
	\$30.00 for first 20 pages + \$10.00 for USB + 0.25 for paper copies	Pick up in Health Information Management Dept Release to MyChart (payment via phone)
For making and providing an encrypted USB containing a copy of a record stored in electronic format	\$10.00 in addition to the prescribed fee	Via mail (courier)
		Pick up in Health Information Management Dept
Confirmation of Dates (also available in MyChart)	\$30.00	Via mail
		Pick up in Health Information Management Dept
		In MyChart: No fee
Supervised Review of a Record (an Health Information Management professional will sit with requestor)	\$50.00 for the first 60 minutes and \$6.75 for every 15 minutes thereafter	In Person (Please contact releases@cheo.on.ca to book your appointment)
Insurance Companies	\$160.00 (first 20 pages) and \$0.25 a page thereafter plus offsite chart retrieval costs and \$10.00 USB cost	Paper copy via Mail (courier)
		Pick up in Health Information Management Dept
Lawyers (including Legal Aid and Office of the Children’s Lawyers)	\$30.00 and \$0.25 a page thereafter plus offsite chart retrieval costs and \$10.00 USB cost	Via mail (courier)
		Pick up in Health Information Management Dept
WSIB (Ontario)	\$48.15 flat rate	Epic Autofax (under 80 pages)
WSIB (Other Provinces)	\$130.00 flat rate	Epic Autofax (under 80 pages)
Criminal Injuries Compensation	\$140.00 flat rate	
College of Physicians and Surgeons (CPSO)	\$0.25 per page	Via mail
College of Nurses of Ontario	\$0.25 per page	Via mail
Proof of Death	\$30.00	Via mail
		Pick up in Health Information Management Dept
STAT Requests – Patient/Parent Requests (within 1-5 business days)	\$100.00 on top of the prescribed fee	Via mail
		Pick up in Health Information Management Dept
STAT Requests – Lawyer, Insurance/Consulting Firms (within 1-5 business days)	\$300.00 on top of the prescribed fee	Via mail (courier)
		Pick up in Health Information Management Dept
Offsite Chart Retrieval	\$25.00 and applies to Legal and Insurance Requests	
Clinical photography or imaging (printed or electronic format)	\$10.00	

Cheques should be made out to CHEO and sent to the attention of Release of Information in the Health Information Management Department. We also accept credit card payments via Telephone. Please call 613-737-7600 Ext 2292.