



# Request for Access to Personal Health Information of a Deceased Individual

<b>OFFICE USE ONLY:</b>	Release ID: <input style="width: 90%;" type="text"/>	Date Received: <input style="width: 90%;" type="text"/>
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## Information and Instructions

Under the Personal Health Information Protection Act ("PHIPA"), an individual's right to privacy in respect of their personal health information (PHI) continues after they are deceased. Once an individual passes, only their legally authorized representative may request access to their PHI. A Power of Attorney does not apply to the right of access to personal health information of a deceased patient. The Children's Hospital of Eastern Ontario (CHEO) requires that you provide documentation verifying your authority to access the information you are requesting, for us to verify your identity.

CHEO may provide access to personal health information to the Executor or Estate Trustee, or the person who has assumed responsibility for the administration of the deceased's estate, if the estate does not have an Estate Trustee. We may not be able to provide access to information about deceased individuals in all cases. Each request is assessed on a case-by-case basis.

We review all health record access requests and will respond to each request within thirty (30) days of receipt of the request. If your request is urgent, please advise us and we will do our best to accommodate your needs. Should your request involve a) a large volume of records or b) include records which require consultation or review prior to release, we may require additional time to process your request. We will advise you in writing if we require an extension of time to respond to your request.

This form can be sent to our team of Release of Information Office via fax at 613-738-4855 or [releases@cheo.on.ca](mailto:releases@cheo.on.ca)

Fees will be waived for legal guardians making this type of request. For all other request types, CHEO's regular fee schedule applies.

Please see page 2 of our consent form here:

<https://www.cheo.on.ca/en/visiting-cheo/resources/Documents/Health-Records/CHEO---Release-of-Information---4010E.pdf>

## Part A: Patient Information (The Deceased Individual)

Name:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	First	Last	Initials
Address:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Street	Unit/Apt. #	City / Province
Telephone Number:	<input style="width: 95%;" type="text"/>	Date of Birth:	<input style="width: 95%;" type="text"/>
			dd/mm/yyyy

## Part B: Requestor Information

Name:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	First	Last	Initials
Address:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Street	Unit/Apt. #	City / Province
Telephone Number:	<input style="width: 95%;" type="text"/>	Date of Birth:	<input style="width: 95%;" type="text"/>
			dd/mm/yyyy
Email Address:	<input style="width: 95%;" type="text"/>		



# Request for Access to Personal Health Information of a Deceased Individual

## Part C: Attestation

Please see the last page of this form and complete the respective attestation.

## Part D: Access Request

Please select the option below that best meets your needs. Our staff are happy to answer any questions which may help you identify the information you want:

1.  Individual Information

Should you wish to receive a specific document, records from a specific visit or clinician, or individual pieces of information from your patient record, please describe your request below:

2.  Summary of Patient Record or Visit(s)

You will receive key documentation from each visit within your requested timeframe. A summary includes most recent discharge summaries, consultation notes, clinic notes, ER notes, laboratory results, typed radiology reports, pathology reports and operative notes.

**Date Range:**

From:

Until:

Visit Type(s):

Physician:

3.  Full Legal Medical Record

You will receive a complete copy of all information contained in your patient record within your requested timeframe. Please note that the printed version of your electronic medical record can be quite large. This encompasses all documentation including physician and nursing progress notes, flowsheets, test results, medical administration records, and any associated correspondence, external results and documents.

**Date Range:**

From:

Until:

Visit Type(s):

Physician:

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Additional Comments:

**How would you prefer to receive this information? Please indicate with a check mark.**

Receive photocopies of originals

Receive records by USB

**NOTE: All requests are subject CHEO's fee schedule for Release of Information as found on our Release of Information Consent form (Form 4010) and laid out in the Privacy Commissioner of Ontario's provision for cost recovery.**

**We will advise you if the records contain information that must be withheld under PHIPA.**

Signature

Printed Name

Title

Date (dd/mm/yyyy)



# Request for Access to Personal Health Information of a Deceased Individual

## Part C: Attestation

Requestor's Name: \_\_\_\_\_

Deceased Individual's Name: \_\_\_\_\_

Your relationship with the Deceased: \_\_\_\_\_

Does the Deceased have a Will?  Yes  No  Unknown

Has someone been assigned to administer the Deceased's estate?  Yes  No  Unknown  
(i.e. close their accounts)

- Your authority:
- I am named in the Will
  - I am named as an Executor or Estate Trustee
  - I have a Certificate of Appointment of Estate Trustee
  - I have a Notarized Letter
  - I have assumed responsibility of administrating the deceased's estate or managing their affairs
  - Other Please explain:

By signing below, I confirm that I am submitting a request for access to a deceased individual's personal health information from the Children's Hospital of Eastern Ontario (CHEO).

To my knowledge, there is no other individual with a greater interest or more authority to access the deceased's information.

I understand that Children's Hospital of Eastern Ontario (CHEO may disclose information to me, however, disclosure is not required in all cases. CHEO will exercise discretion as required by PHIPA.

I will provide all supporting legal documentation (mentioned above) and I attest that it is true, accurate and current.

Name ( <i>printed</i> )	Signature	Date (dd/mm/yyyy)
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Witness Name ( <i>printed</i> )	Signature	Date (dd/mm/yyyy)
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