Royal Victoria Regional Health Centre

REQUEST ACCESS TO PERSONAL HEALTH RECORDS

Hospital Unit #_____

Account # _____

OFFICE USE ONLY

Information and Instructions:

- Please complete Parts A and B on this form
- Access will be provided, unless a legal exception applies
- Prepayment of applicable fees is required prior to releasing records

PART A: REQUESTER INFORMATION

Patient Information: (If under 16 years of age, parent or legal guardian must complete form)

Last Name _____ First Name _____ Initials _____

Mailing Address _____ City/Town _____ Postal Code _____

Telephone Number _____ Birth Date _____

Method of Disclosure: ☐ Fax ☐ Mail ☐ Email

Fax Number: _____ Email Address: _____

Parent/Legal Guardian/Executor Information:

Last Name _____ First Name _____ Initials _____

Same address as above ☑ Different address ☐

Mailing Address _____ City/Town _____ Postal Code _____

Telephone Number _____ Relationship to Patient _____

PART B: ACCESS REQUEST

Please let us know what information you need, including dates

☐Report(s) ☐Imaging

☐Labs/Pathology ☐Entire Visit

☐Other/Date: _____

Name _____ Witness Name _____ Date _____

☐ *I certify that I am the patient or legal guardian of the above and confirm that the information I entered is accurate and true.

☐ *Attached supporting legal documentation if applicable (POA, NOK,Proof of Identification)

RVH-0792 19-March-2020 R.CONRA

SUBMIT

201 Georgian Drive | Barrie ON | L4M 6M2 | 705.728.9802
www.rvh.on.ca

Inspiring care...