

You have the right to access your personal health information, unless a legal exception applies under the Personal Health Information Protection Act (PHIPA), 2004. The Royal has 30 days to respond to your request for access.

Patient name: _____
PRINT FULL NAME

Date of birth: _____ Health card number: _____
(DD/MM/YYYY)

Street address: _____ City: _____ Province: _____

Postal code: _____

Please specify which records or type of documentation you are requesting:

I am requesting records from: ☐ Before 2015* ☐ After 2015

* Records from prior to 2015 are often stored in paper format and may incur additional processing time and fees.

I prefer to receive the records by:

- ☐ Email (secure file transfer)
- ☐ In person pickup of paper copies
- ☐ Examine originals at the hospital
- ☐ Mail to address above
- ☐ Mail to alternative address:

My preferred method of communication is:

- ☐ Email to: _____
EMAIL ADDRESS
- ☐ Telephone at: _____
TELEPHONE NUMBER
- ☐ Other: _____

FULL MAILING ADDRESS

Authorization

Signed authorization is required by the patient (if 16 years or older), the substitute decision maker, the legal guardian or estate trustee.

Signature: _____ Date: _____
(DD/MM/YYYY)

If other than the patient, print your name and state your legal authority to access the records (additional documentation may be required):

☐ Substitute decision maker ☐ Legal guardian ☐ Estate trustee _____
PRINT FULL NAME

Attach a clear picture, scan, or copy of a piece of government-issued photo identification (e.g., health card, driver's license, passport, or permanent resident card) with your completed form.

This form can be returned to the Health Records Department using one of the following methods:

Ottawa campus

Email:* ReleaseofInformation-Ottawa@TheRoyal.ca

Fax: 613-761-3600

Mail: The Royal, Health Records
1145 Carling Avenue, Ottawa ON K1Z 7K4

Brockville campus

Email:* BMHCRegistration@TheRoyal.ca

Fax: 613-345-7349

Mail: The Royal, Health Records
1804 Highway 2 East, P.O. Box 1050
Brockville ON K6V 5V8

* NOTE: By choosing to submit the request by email you acknowledge that this is not a secure method of transmission.