

For Internal Use Only

Pt. ID# _____
Pt. Account# _____
Request# _____
RELEASE DATE: _____



700 Coronation Blvd.,
Cambridge, ON N1R 3G2
519-621-2330
519740-4958
ReleaseofInfo@cmh.org



Government issued ID

Proof of SDM/executor /POA

Self SDM/Executor

Request and Authorization for PHI

Step 1 – For what purpose do you require these records?

- Self/2nd opinion/workplace/travel
- Insurance/legal
- Medical follow up
- Application for Social assistance or Disability
- Other – please provide detail – _____

Step 2 - What type of information do you need?

- Medical Images for self (2nd opinion/travel/insurance/legal/personal file, etc.) – A fee of \$10.00 is applicable – images only.
- Medical records – **A fee of \$30.00 for pages 1-20 + \$0.25/page thereafter may apply. **

Step 3 – Please provide patient information.

First Name _____ Last name _____

Date of Birth (dd/mm/yyyy) _____ Email Address _____

Health card number (OHIP) if applicable _____

Address – Street: _____ City: _____ Prov.: _____

Postal Code: _____ Phone Number: _____

Step 4 – Authorization to release your personal health information.

You are authorizing Cambridge memorial Hospital to release your personal health information to (i.e. myself, or name and address of physician, lawyer, etc.):

Step 5 – Specify the information to be released. Visit Dates FROM (dd/mm/yyyy) _____ TO (dd/mm/yyyy) _____

Step 6 – Confirm the method for the release of information.

- The patient will pick up own records.
- Someone else will be picking up the records on patient’s behalf (complete below)
- I want the records mailed to the following address (If payment is required will be made by credit card over phone):

Signed: _____ Date: _____

Witness name: _____ Title/Relationship: _____

Witness Signature: _____ Date: _____

Interpreter Name: _____ Signature: _____

I understand that this personal health information is to be used ONLY by the recipient for the purpose intended as per request. I hereby waive any and all claims against Cambridge Memorial Hospital in connection with the disclosure of this personal health information.