



**Alexandra Marine and General Hospital**  
 120 Napier Street  
 Goderich, ON N7A 1W5  
 T: 519-524-8323 | F: 519-524-8504

## Request for Access to Personal Health Information

**Information and Instructions:**

We will provide you with access to your personal health records unless a legal exception applies.  
 We will respond to your request in a timely manner.  
 A fee may be charged, eg. \$30.00 +tax (includes 20 pages and a charge of 25 cents per page thereafter)  
 Please complete Part A and B of this form.

**PART A: PATIENT INFORMATION**

Please print clearly

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (Street/Apt. No./PO Box/R.R.No): \_\_\_\_\_

City/Town/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone # : (     ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

**PART B: ACCESS REQUEST**

1. Specify Visit Date(s) \_\_\_\_\_

2. Information Requested:

- Emergency Records     Discharge Summary     Operative Report  
 X-Ray Report             CT Report             Lab Report             ECG  
 Medical Imaging CD     Ultrasound Report     Pathology Report  
 Other – specify \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. The information requested is for:

- Personal Use  
 Ongoing Care- Name of Health Care Provided \_\_\_\_\_  
 Other purposes – specify \_\_\_\_\_  
 \_\_\_\_\_

Name of Requester: \_\_\_\_\_ Requester's Signature: \_\_\_\_\_

Relationship if other than Patient: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

OFFICE USE ONLY: Proof of Identity:  Driver's License     Health Card     Other

Obtained by \_\_\_\_\_ on \_\_\_\_\_