



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 _____

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