

CONSENT FOR DISCLOSURE OF PERSONAL HEALTH INFORMATION

Circle of Care Quality Department

401-4211 Yonge St. Toronto Ontario, Canada M2P 2A9



REQUEST FOR:

- Correction to Client Personal Information (Sections 1, 2, 4)
- Copy of Client Records (Sections 1, 3, 4)

SECTION 1 - CLIENT INFORMATION

Client Name: _____ Date of Birth: _____ Health Card # _____
LAST NAME FIRST NAME YYY MM DD

Address: _____ City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Email Address: _____

Fax #: _____

SECTION 2 - CORRECTION TO CLIENT PERSONAL INFORMATION REQUEST

(Attach any relevant documentation to support the change of information)

- Name Date of Birth Health Card Address Contact Information Health History

Current Information on File:

Corrected Information:

Effective Date:

SECTION 3 - COPY OF CLIENT RECORDS REQUEST

PREFERRED DELIVERY FORMAT

(see delivery conditions and fees on Page 2 & 3 of this form)

- Courier Pick-up
 Email Fax

REASON FOR THE REQUEST

(see documentation requirements on Page 2 of this form)

- Personal/Patient SDM Insurance
 Medical (Health Care Provider) Estate Settlement
 Legal
 Other (provide additional details):

DATE RANGE FOR REQUESTED INFORMATION

Start Date:

_____ YYYY MM DD

End Date:

_____ YYYY MM DD

RECIPIENT INFORMATION

Complete this section only if the request involves sending the record to an individual other than the above listed patient.

I authorize Circle of Care to disclose personal health information to:

Recipient Name: _____ Name of Organization: _____
LAST NAME FIRST NAME

Address: _____ City: _____

Province: _____ Country: _____ Postal Code: _____ Fax #: _____

Telephone Number: _____ Email Address: _____

ALL FORMS MUST HAVE SECTION 4 (NEXT PAGE) COMPLETED IN ORDER TO PROCESS YOUR REQUEST.



CONSENT FOR DISCLOSURE OF PERSONAL HEALTH INFORMATION

Circle of Care Quality Department
401-4211 Yonge St. Toronto Ontario, Canada M2P 2A9

ALL FORMS MUST HAVE SECTION 4 (BELOW) COMPLETED IN ORDER TO PROCESS YOUR REQUEST.

SECTION 4 - CONSENT

This form must be signed by the patient or the Substitute Decision Maker (SDM) in order to process the request form. records. **I have read and agree to the conditions outlined on the last page of this form.**

Client Name:

Name of Substitute Decision Maker (if applicable):

Client Signature:

Signature of Substitute Decision Maker (if applicable):

Date of Signature:

POA or SDM documentation attached (required if the requestor is not the client, see last page)

YYYY MM DD

Substitute Decision Maker Contact information (if different than client):

Address and/or Telephone Number

Where to Submit Request:

Please submit the completed form in person or by email, fax or postal mail to the appropriate department as outlined below:

Circle of Care - c/o Quality Department

Fax: 416-635-1692

Email: quality@circleofcare.com

In person or by mail: 4211 Yonge Street, Suite 401, Toronto ON, M2P 2A9

ADDITIONAL INFORMATION

Documentation Requirements:

Request for Your Own Health Information

If you are making a request for your own Health Information, you will need to prove your identity. A copy of the client's government issued identification must be submitted with this form (i.e. driver's licence or health card).

Request for Health Information of Another Individual (Living)

If you are requesting the Health information of another individual, consent will be required from the client. If the client cannot make their own decisions and has a POA in place, we will require a copy of the POA documentation to support the requestors role as Substitute Decision Maker.

Request for Health Information of a Deceased Individual

If you are requesting the Health Information of a deceased individual, you will need to provide proof that you are responsible for the individuals estate (ie. a copy of the first and last page of the will or the certification of appointment).

Legal and Insurance Requests

These requests require a formal letter of request and copy of client consent.

Delivery Conditions

Records provided on paper are sent by courier and associated charges to be covered by the requestor. If you wish to pick up the records in person, please specify on this form. Regardless of the delivery method, the recipient is responsible for protecting records from unauthorized use or disclosure.



CONSENT FOR DISCLOSURE OF PERSONAL HEALTH INFORMATION

Circle of Care Quality Department
401-4211 Yonge St. Toronto Ontario, Canada M2P 2A9

ADDITIONAL INFORMATION & FEE SCHEDULE

Timeline for Response

Please allow 30 days for your request to be processed. If additional time is required, you will be notified.

Expiry

This form is valid for three (3) months after the date of signature unless otherwise specified. The request may be withdrawn in writing at any time. Records that are provided in electronic format are not encrypted.

FEES & FEE SCHEDULE

There are set fees related to requests for patient records, which are estimated after receiving all required documentation. Please see the fee schedule below, which is subject to change.

Fee estimate

A fee estimate is a detailed statement of the fee the requester will be required to pay. A fee estimate is required where the fee is \$25 or more. Where the fee is over \$25 and under \$100, the fee estimate is based on the actual work done by the institution to respond to the request. Where the fee is \$100 or more, the fee estimate may be based on a review of a representative sample of the records and/or the advice of knowledgeable institution staff that are familiar with the type and content of the records.

Deposit

A deposit is a payment of 50 per cent of the fee, if the fee is \$100 or more.

Fee Schedule

A \$5.00 mandatory application fee must accompany a request for either personal information or general records under FIPPA/MFIPPA.

Requestor/Request Type Description	Fee
For making/providing photocopies or computer printouts of a record	0.25¢/page after first 20 pages
For making/providing a CD containing a copy of a record stored in electronic format	\$10.00
For searching and/or preparing longer than initial 15 minutes	\$7.50/15 minutes or less
Off-site chart retrieval	\$25.00 - Surcharge (non-urgent request)
Supervising an individual examination of original records	\$6.75 for every 15 minutes
Courier Fees	As determined by courier service

* Fees are subject to change

Resources

<https://www.ontario.ca/document/freedom-information-and-privacy-manual/fees>