

HOW TO COMPLETE THIS FORM

ABOUT YOU

Please be sure to fill in your **last name**, your **first name** and if you have used another name (either first or last) in recent times please enter this in the “**Other or Previous Names**” box.

Please enter both your **day or evening phone numbers** or indicate if these are the same. An **email address** is also very useful if you have one.

It is very important that we have all the contact information that we need to be able to get in touch with you at any time during the next thirty days. This might be necessary to clarify or focus your request. Or it might be that we need to inform you of the costs of completing the request especially if there are a large volume of records and it seems that the cost might be high.

ABOUT YOUR REQUEST

Check the appropriate box to indicate whether your request is to gain access to **General Information, Personal Information or to make a corrections to your Personal Information.** If you are requesting access to your own personal information you will need to provide copies of two pieces of identification as proof of your identity. It is also helpful if you provide all information that may be relevant to help us in our search. If you require additional space to explain your request, please attach a separate piece of paper to the form as securely as possible.

Please note: If you are requesting access to your health information please contact Patient Records and Registration Services at Providence Care: 613-548-7222 ext 2259.

COST OF YOUR REQUEST

If you are making a request for access to **General Information or Personal Information**, an initial fee of \$5.00 Canadian must be provided before the request can be processed. Payment may be made in cash or by cheque. There will be charges for the processing of the request which includes the staff time to search for the information, photocopying fees etc.

If it is determined that the fee will be over \$100.00, Providence Care will contact you to provide a cost estimate. Before the processing begins, a 50% deposit is required. Please check the fee schedule on our web site at: <http://www.providencecare.ca/cms/sitem.cfm> or ask the Access and Privacy Coordinator for more details.

ABOUT THE INFORMATION YOU WANT TO ACCESS

Please be as specific as possible in describing the information. You can use the Directory of Records on our web site at to help you. If the request is for a large amount of records we may discuss with you the possibility of narrowing the request to a more detailed level. Dates and times are also important if you can provide that detail.

YOUR SIGNATURE

Don't forget to sign and date the form and enclose the initial fee.

Please send to the Access and Privacy Coordinator at:

St. Mary's of the Lake Hospital, 340 Union Street, Kingston, ON K7L 5A2