UHN Toronto General Toronto Western Princess Margaret Toronto Rehab Michener Institute

COURAGE LIVES HERE

Request Type:

- ❑ Self
- ❑ POA/SDM
- ❑ Access to Deceased Patient's Account
- ❑ Legal Guardian of Patient

Please note:

a. Access to a deceased patient's account will expire after one year.

b. Access to a child's account will expire on the patient's 13th birthday.

MyUHN Patient Portal Access Form

This request for patient records is made with implied consent, solely for the purposes of providing healthcare or assisting in providing healthcare for the below-named patient. There is no information that the patient has expressly withheld or withdrawn their consent to this disclosure. (PHIPA section 18(3)(b))

Patient Name:_____ Date of birth: _____
Last name First name (DD/MM/YYYY)

Address:_____
Street City Province Postal Code

Phone #:_____ Health Card #:_____

Requestor Name:_____
Last Name First Name

Address: _____
Street City Province Postal Code

Contact #: _____
Phone Fax E-mail

Additional documentation included with request: ❑ Living Will/Advance Directive ❑ POA
❑ Substitute Decision Maker document ❑ Legal Guardian document ❑ Other:_____

Please note that most records from January 1, 2017 onward are available on the myUHN Patient Portal but may not represent the complete patient health record.

Authorization:
In accordance with PHIPA, authorization must be signed by the patient or the substitute decision maker. If the person signing is not the patient, state the relationship to the patient and authority to act on their behalf.

_____ _____
Print: Patient Name/Substitute Decision Maker Name Print: Name of Witness

_____ _____
Signature and Relationship Signature of Witness

_____ _____
Date (DD/MM/YYYY) Date (DD/MM/YYYY)

Interpreter: The person signing below acted as an interpreter, and attests that the form was accurately sight translated and/or interpreted from English to _____ and will not share any information.
(Indicate language)

Name:_____ Signature:_____

If you have any questions regarding this form, please contact Health Record Services at 416-946-4501 ext. 4711 or healthrecordservices@uhn.ca