**Frequently Asked Questions**

**How do I obtain a copy of a patient’s health record?**
To obtain a health record, a written patient consent is required. This consent may be provided in a letter or by completing Mississauga Halton CCAC Authorization Form (see below for a copy of this form). The letter or form must be signed and dated by the patient or their legally authorized substitute decision maker.

The request should include the following:

- The patient’s name, date of birth, Health Card number and current home address
- Your name (if you are making the request on behalf of the patient or someone else)
- Description of the health record(s) you are seeking to obtain
- If the request is for someone other than the patient, you should describe to whom the record(s) are to be released and include the contact person’s address and phone number

**Can I access the record of an incapable or deceased patient?**
In order release the health records of an **incapable** patient, we require the written consent of the legally authorized substitute decision maker. In order to disclose information pertaining to a **deceased** individual, we require the consent of the person who has assumed responsibility for the administration of the deceased individual’s estate (such as the estate executor). As applicable, a copy of the individual’s Will or Power of Attorney documentation must be submitted in order to verify the status of the requestor.

**Can a minor request access to their record?**
Yes, in most cases minors can obtain access to their health records. However, parental consent is required in cases where the patient is 16 years of age or less and is incapable of consenting

**Is there a fee in accessing health records?**
There is no fee to release health records to our patients, their families and other health care facilities or physicians. However, an administrative fee and charges will apply to third parties such as Lawyers and Insurance companies. We will inform the third parties of any fees and charges prior to the completion of the request. The record will be released when the Health Records department receives the payment.

**How long will it take for my request to be released?**
In accordance to the **Personal Health Information Protection Act**, we are required in most cases to provide access within 30 days. If you require records on an urgent basis, please inform our Health Records department and we will try to arrange a reasonable timeframe in which to respond to your request.

**Where can I submit my request?**
You can submit your request by mail or fax; please see our contact information for details.

If you have any questions or concerns, please contact us.

**Contact Information**
Mississauga Halton CCAC
Attention: Health Records
401 The West Mall, Suite 1001
Etobicoke, ON M9C 5J5
www.healthcareathome.ca/mh

**Phone**
905-855-9090 ext. 2600

**Fax**
416-626-0876
Attention: Health Records
AUTHORIZATION, DIRECTION & RELEASE

I, _________________________________________________________ (Name)

Of __________________________________________________________ (Address)

_______________________________________________________ (Phone number)

Authorize the release of the following information:

______________________________________________________________________

______________________________________________________________________

From the records of ___________________________________________ (Client’s Name)

_______________________________________________________ (Date of Birth)

This information is held by Mississauga Halton CCAC.

This information may be released to: ________________________________

Mailing address: ___________________________________________________

Phone number: _____________________________________________________

I am aware that I may cancel or amend this authorization in writing at any time.

_________________________________________ ___________________________

Date Signature of Client or legally authorized substitute decision-maker or Guardian

______________________________ ______________________________________

Relationship with client

Form: Authorization, Direction and Release – version April 2014