

Electronic Health Record Inquiries and Complaints Request for Service Form – ConnectingGTA

INSTRUCTIONS TO THE PERSON MAKING THE REQUEST:

- Please complete this form with as much information as possible. Fields indicated with an asterisk (*) are mandatory fields. This will help eHealth Ontario fulfill your request.
- Mail or fax the completed form to:
 - Mail: eHealth Ontario Privacy Office, P.O. Box 148, 777 Bay Street, Suite 701, Toronto, Ontario, M5G 2C8
 - Fax: (416) 586-4397 or 1 (866) 831-0107
- Please do not use email to submit this form.
- If you have questions about this form, contact the eHealth Ontario Privacy Office at 416-946-4767 or email contact Privacy@ehealthontario.on.ca with your name and phone number.

REQUESTOR'S CONTACT INFORMATION		
<i>(To be completed by requester)</i>		
*First name:	*Last name:	
*Mailing address:	*Title:	
*City:	*Province:	*Postal code:
*Preferred phone:		
Relationship: <input type="checkbox"/> Patient <input type="checkbox"/> Substitute decision maker		
Preferred method of contact: <input type="checkbox"/> Mail <input type="checkbox"/> Telephone		Permission to leave voicemail <input type="checkbox"/> Yes <input type="checkbox"/> No
PATIENT INFORMATION		
*First name:	*Last name:	
*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	*Date of birth: MM/DD/YYYY	
*Health card number:		
CONSENT		
<i>Allow patient's personal health information to be shared with other health care providers that contributed to your records in order to respond to your inquiry or complaint.</i>		
<input type="checkbox"/> I consent to the sharing of my personal health information with other health care providers to obtain information from the electronic health record.		
<input type="checkbox"/> I do not want my personal health information to be shared with other health care providers.		

Electronic Health Record Inquiries and Complaints Request for Service Form – ConnectingGTA

INQUIRY (Indicate details of inquiry):	
COMPLAINT (Indicate details of complaint):	
SIGNATURE	
Name (print) :	Date: MM/DD/YYYY
Signature:	
FOR OFFICE USE ONLY (Do Not Complete)	
Form Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remedy Ticket #
Notes:	