

Diagnostic Imaging Common Service Consent Form

Restrict or reinstate access to information in the
eHealth Ontario Diagnostic Imaging Common Services

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.
- eHealth Ontario only accepts requests from the patient or someone authorized to make the request for the Patient (i.e., substitute decision maker). You will need to:
 - Provide proof of your identity (please see attached instructions for valid forms of identification)
 - If you are not the patient, prove that the patient has allowed you to view his or her information (please see attached instructions for valid forms of identification)
- 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 person making the request)</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:		
TYPE OF REQUEST (check all that apply)		
Request Change <input type="checkbox"/> Create a consent directive (By selecting this box, your diagnostic imaging record, e.g. x-ray report, will not be available to health care providers, and may impact your care.)		<input type="checkbox"/> Remove an existing consent directive

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IDENTIFICATION

Please include a photocopy of:

- Your identification
- If you are asking for health information about someone else, proof that he or she has allowed you to see the information

Please see the Identification Requirements at the end of this form for acceptable forms of ID and documentation

SIGNATURE

Name (Print) :

Date: MM/DD/YYYY

Signature:

Before sending this form to eHealth Ontario, make sure you included:

- ☐ Completed form
- ☐ Photocopy of identification
- ☐ If you are asking for someone else, proof that you have permission from the patient.

MUST BE COMPLETED BY HEALTH CARE CUSTODIANS (HICS) ONLY

*Facility Name:

*Site/Hospital Name:

*Patient MRN:

*Requestor's Job Title:

Special Instructions:

FOR eHEALTH ONTARIO OFFICE USE ONLY (Do Not Complete)

Form Completed: ☐ Yes ☐ No

Identity Verified: ☐ Yes ☐ No

Remedy Ticket #

Notes:

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IDENTIFICATION REQUIREMENTS

Identification Requirements

Please include photocopies of the relevant document(s) below to confirm your identity and your authority to view the health information if you are asking for health information that is not yours.

If you have trouble obtaining the documents, you may also ask your health care provider to contact eHealth Ontario to confirm your identity and authority.

1. If you are asking for health information about yourself, you must include a photocopy of **one** of the documents from list **A**:
2. If you are asking for health information about another person, you must include a photocopy of **one** document from list **A** and **one** photocopy of a document from list **B**:

LIST A: Proof of Identity	LIST B: Proof of Authority	
	Patient Is:	One of the following sets of documentations
<ul style="list-style-type: none"> • Identification from a federal, provincial, municipal or state authority • Student Card (if 18 years or younger) • Letter from a healthcare organization that confirms the Requestor's identity (i.e. that the individual is who they say that they are) 	11 Years or younger	<ul style="list-style-type: none"> • Birth certificate for the individual • Identification for both parents from a federal, territorial provincial, municipal, or state authority • Signatures from both parents appearing in the birth certificate
		<ul style="list-style-type: none"> • A legal document demonstrating that the individual has sole custody or guardianship for the patient
		<ul style="list-style-type: none"> • Letter from a healthcare organization that confirms the Requestor's has the authority to view the health information
	Individual is 12 to 18 years old	<ul style="list-style-type: none"> • Signed letter from the individual indicating the requestor has the authority to view his or her health information
		<ul style="list-style-type: none"> • Student card or identification from a federal, territorial provincial, municipal or state authority for the individual
		<ul style="list-style-type: none"> • A legal document demonstrating that the Requestor has sole custody or guardianship for the individual
	Individual is 19 or over	<ul style="list-style-type: none"> • Letter from a healthcare organization that confirms the Requestor's has the authority to view the health information
		<ul style="list-style-type: none"> • Signed letter from the individual indicating the requestor has the authority to view his or her health information
		<ul style="list-style-type: none"> • Identification from a federal, territorial provincial, municipal or state authority for the individual
		<ul style="list-style-type: none"> • A legal document demonstrating that the Requestor has sole custody or guardianship for the individual
		<ul style="list-style-type: none"> • Letter from a healthcare organization that confirms the Requestor's has the authority to view the health information

Examples of Documents

Document	Example
Identification from a federal, territorial provincial, municipal, or state authority	Driver's License, Passport, Citizenship Card, Certificate of Indian Status, Ontario Photo Card
Student Card	Howard Park Public School, St. Vincent Academy, Parkdale Collegiate
Letter from a healthcare organization in Ontario	Letter from Mount Sinai Hospital saying that you are Jane Doe or that you are Jane Doe and have authority to view Janet Yan's health information