



Request for Access to/Consent for Disclosure of Personal Health Information

Form MS 704A (Rev 01.2025) Page 1 of 2

Affix Patient Label

Mount Sinai Hospital
600 University Avenue, Room 182
Toronto, ON, Canada M5G 1X5 T (416) 586-4800, Ext. 2651 F (416) 586-3181
Email: Release.ofInformationMSH@sinaihealth.ca

Hennick Bridgepoint Hospital
1 Bridgepoint Drive, Room A3.C85-1
Toronto, ON M4M 2B5 T (416) 461-8251, Ext. 2040 or 2299 F (416) 470-6739
Email: HealthRecords@sinaihealth.ca

Patient Information

Patient Name: _____ Date of Birth: _____ Health Card #: _____
LAST NAME FIRST NAME (YYYY-MM-DD)
Address: _____
City: _____ Province: _____ Country: _____ Postal Code: _____
Telephone #: _____ Email Address: _____
Fax #: _____

Requested Information

Date of Visit(s) (YYYY-MM-DD)	Description of personal health information being requested
<input type="checkbox"/> Emergency visit on:	
<input type="checkbox"/> Outpatient visit on:	
<input type="checkbox"/> Inpatient stay from:	
<input type="checkbox"/> Sinai Health to Home visit from:	

Reason

Please select the reason for the request (see documentation requirements on the back of this form):

Personal (patient/SDM) Medical (health care provider) Legal Insurance Estate Settlement
 WSIB Other (provide additional details) _____

Recipient Information

Complete this section only if the request involves sending the record to an individual other than the above listed patient. I authorize Sinai Health System to disclose personal health information to:

Recipient Name: _____ Name of Organization: _____
LAST NAME FIRST NAME
Address: _____
City: _____ Province: _____ Country: _____ Postal Code: _____
Telephone #: _____ Email Address: _____
Fax #: _____

Delivery

Please select the preferred delivery format of the record. (Select one option only)

Refer to back page for fees information and release of images inquiries.

● Email ● In-person Review (No copy provided) ● Fax
● Regular Mail (Select one option only): Paper Copy USB CD
● In-person (Select one option only) : Paper Copy USB CD

Consent

This form must be signed by the patient or the Substitute Decision Maker (SDM) in order to process the request for records. If the person signing is not the patient, please provide documentation of your authority to obtain this information.

Patient/Substitute Decision Maker (Print) Signature: Date:
LAST NAME FIRST NAME (YYYY-MM-DD)

Substitute Decision Maker Contact information (Address and/or Telephone Number):



INSTRUCTIONS

1. **Where to Submit Request:** Please submit the completed form in person or by email, fax or postal mail to the appropriate department as outlined below.
 - a. **Mount Sinai Health Record Services** is able to provide copies of records for Mount Sinai inpatient, emergency department, day surgery, Sinai Health to Home, and limited outpatient clinics only. Refer to contact information on Page 1.
 - b. **Mount Sinai Outpatient Clinics** (e.g. Family Health Team, Prenatal Clinic, Fracture Clinic) are able to provide copies of records for their individual clinic. Visit the Mount Sinai website (<http://www.mountsinai.ca/care>) or call the main hospital phone line (416-586-4800) to obtain the appropriate clinic contact information. It is recommended that you contact the clinic directly for further information before submitting this form. Please note that it may be necessary to reach out to multiple clinics depending on where care was received.
 - c. **Mount Sinai Medical Imaging:** is able to provide copies of medical imaging reports through MyChart (see <https://www.sinaihealth.ca/patients-and-visitors/mychart>). Medical images and reports can also be accessed through PocketHealth registration with (<https://www.pocket.health/en-US/mountsinai/intro>) or submitting an in-person request at the imaging Centre at Mount Sinai Hospital. For further information about requesting medical images, please contact the imaging Centre directly at (416) 586-4800 Ext. 4425.
 - d. **Hennick Bridgepoint Hospital Record Services** is able to provide copies of records for All Hennick Bridgepoint Hospital inpatient, Sinai Health to Home, and outpatient visits. Refer to contact information on Page 1.
2. **Documentation Requirements:**
 - a. If this form is being submitted by the patient, a copy of the patient's government issued identification must be submitted with this form (i.e. driver's licence or health card).
 - b. If this form is being submitted by a substitute decision maker or other authorized person, we check government issued identification to verify their identity and other documentation to verify their authority to act on behalf of the patient (for example, we ask to see documentation for guardians of the person, guardians of property, attorneys for personal care, attorneys for property, representatives appointed by the Consent and Capacity Board and the authority for Children's Aid Societies).
 - c. Please contact imaging Centre at (416) 586-4800 Ext. 4425 for further documentation requirements for Medical Images.
 - d. Legal and insurance requests require a formal letter of request and copy of patient consent. Refer to contact information on Page 1.
3. **Fees:**
 - a. An initial administrative fee of \$30.00 shall apply to all other requesters (patient, SDM, lawyer, insurance) for the first 20 pages of records. This fee may also be charged when a search does not yield a return of patient records.
 - b. Requests will not be processed until the initial \$30.00 fee is received.
 - c. Additional fees (\$0.25/page) may apply after the first 20 pages. Records can also be provided on a CD or USB upon request for an additional charge. Please contact relevant Health Records for more information.
 - d. Please contact imaging Centre at (416) 586-4800 Ext. 4425 for further fees inquiries for Medical Images.
4. **Timeline for Response:** Please allow 30 days for your request to be processed. If additional time is required, you will be notified.
5. **Expiry or Withdrawal of Consent:** This form is valid for three (3) months after the date of signature for release of information to third parties unless otherwise specified. The request may be withdrawn in writing at any time.