

Attached is a copy of the consent form to release personal health information (PHI). Please fill this out in its entirety, and be as specific as you can regarding the information you are looking for so that we do not release and charge you for unnecessary pages. Also, please send a copy of government-issued photo identification with a signature (e.g., Driver's license or passport) with the completed consent.

You can return the completed consent form by mail (c/o Release of Information), email to releaseofinformation@stegh.on.ca, or fax 519-637-3228.

If this is a Medical Power of Attorney (POA) request for PHI, please include a copy of the POA documentation and a copy of the POA's identification.

A fee of \$33.90 (including HST) covers up to 20 pages, then billed at \$0.25 per page after that.

Payment can be made over the phone by credit card or online at <https://www.stegh.on.ca/patients-visitors/pay-a-bill/>

NOTE: The request number issued by this office is used in the invoice field on the online payment form. This office will provide this number to you when we contact you regarding payment.

There is a processing time of up to 30 days to complete requests. The Express fee is double the base fee for requests required within 3 to 5 business days. You will be contacted when the information is available.

Should you have any questions, don't hesitate to contact the Release of Information Office at 519-631-2030 X-2387, Monday to Friday, 7 am to 3 pm.

Thank you.

Release of Information Office
Health Information Department
St. Thomas-Elgin General Hospital
releaseofinformation@stegh.on.ca
t. 519-631-2030 X-2387
f. 519-637-3228

