

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

You can return this by email to [releaseofinformation@stegh.on.ca](mailto:releaseofinformation@stegh.on.ca) or by fax 519-637-3228.

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

There is a fee of \$33.90 (including HST) that covers up to 20 pages, then is billed at \$0.25 per page thereafter for paper copies.

An electronic copy of records regardless of size is \$33.90.

Payment can be made over the phone by credit card only or online at

<https://www.stegh.on.ca/patients-visitors/pay-a-bill/>

If online payment is used, please use 12345 as your invoice number and email a copy of the receipt to the Release of Information Office as above.

There is a processing time of up to 30 days to complete non-urgent requests.

For urgent requests, the express fee is double the base fee for requests required within 3 to 5 business days (\$67.80).

Alternatively, there is an online patient portal available called Pocket Health to access diagnostic imaging only. This does not include written reports. There is a small registration fee to enroll. [www.pocket.health/STEGH](http://www.pocket.health/STEGH).

Should you have any questions, feel free 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  
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