yukon
hospital corporation

REQUEST FOR ACCESS TO HEALTH INFORMATION

Please print and return to Whitehorse General Hospital
✉ Mailing Address: Health Records, #5 Hospital Road Whitehorse, Yukon Canada Y1A 3H7
☏ Phone: (867) 393-8744
🖷 Fax: (867) 393-8774

Patient Name: _____

Patient Mailing Address: _____

_____

Patient Phone Number: _____

Patient Date of Birth: _____ **Health care # :** _____

I, _____ hereby request access to the
(Name of person making request – Please Print)

record of the above – noted patient. My relationship to this patient is _____

Access to this record is being requested for the following purpose(s):

_____
(For Physician, Insurance Company, Personal reasons, etc)

Information requested: _____

_____
(Complete chart, ER record, Date of Visit, etc)

I agree to pay the administration fee as outlined

- ☐ $25 10 pages or less (includes base rate)
- ☐ $50 11-50 pages (includes base rate)
- ☐ $75 51+ pages plus $.25/page
- ☐ $25 CD or DVD
- ☐ $25 Urgent request within 24 hours

Health Records Department will make every reasonable effort to respond to your request within 30 days of receiving the request.

I understand I share responsibility with Whitehorse General Hospital in maintaining confidentiality of this information once it has been released to me.
I realize that I will be charged an administrative fee for access to this information.

_____ _____
Requester's Signature **Date**

_____ _____
Witness Signature **Date**