



MRN

Date Received:

Date Released:

Initials: _____

Picked Up by Patient

Picked Up Authorized Representative

Initials: _____

Mailed to Patient

PATIENT REQUEST - DIAGNOSTIC TESTING REPORTS

Instructions: You may request diagnostic reports completed within the last 30 days. Please allow time for us to confirm that your results are verified & ready for release as some reports may not be available right away. We'll contact you when they are. Make sure all sections of this form are complete. Bring government-issued photo ID when picking up your documents. Office hours: Monday–Friday, 8:00 am–4:00 pm. Forms received outside these hours will be processed on the next business day.

PART A: PATIENT INFORMATION (please print)

First Name: _____ Last Name: _____

Date of Birth: (yyyy/mm/dd) _____ Health Card Number _____ Telephone number where you can be reached _____

Mailing Address: _____

PART B: DETAILS of REQUEST

WHERE DID YOU RECEIVE CARE? Kingston General Hospital Hotel Dieu Hospital Bayshore (AHF)
 Cancer Centre (Consent is valid for the duration of care at the Cancer Centre)
 Renal Care (Consent is valid for the duration of care with the Renal Care program)

IDENTIFY TYPE OF DIAGNOSTIC REPORT REQUESTED AND THE DATE IT OCCURRED:

Lab date(s) (yyyy/mm/dd): _____

Xray date(s) (yyyy/mm/dd): _____

Other diagnostic test(s) (yyyy/mm/dd): _____

PART C: HOW DO YOU WANT TO RECEIVE YOUR REPORT? (Note: Reports cannot be emailed for privacy reasons.)

Pick-up in person- Health Information Services, Kidd 1 (KGH site), weekdays 8:00 a.m. – 4:00 p.m.
(HDH pick-up only if this form is submitted there)

Mail to confirmed address above

Released to patient by: Cancer Centre or Renal Care Staff Initials Required: _____
(Staff will mark "Patient Copy" and send this form to HIS for scanning.)

PATIENT SIGNATURE REQUIRED: _____ Date (yyyy/mm/dd) _____

EXAMPLES OF DIAGNOSTIC TEST REPORTS AVAILABLE (when verified & available for release):

Audiogram Blood work (lab) Echocardiogram (Echo) Electrocardiogram (ECG)
 Electroencephalogram (EEG) Electromyogram, Electro diagnostic Laboratory (EMG) GI function or breath tests
 Holter Reports (first 2 pages) Imaging /X-RAYS (CT, MRI, Doppler) Neuro Physiological Testing (ENG)
 Pathology Pulmonary Function Tests (PFT) Stress Tests (Tread Mill) Vestibular Function Lab (VNG)

WHAT CANNOT BE RELEASED USING THIS FORM:

X Autopsy reports or information on deceased patients **X** External Documents **X** Tests completed beyond the last 30 days
X Clinic reports, Letters, Examinations, Assessments, Consults, Psychological or any Medical or Professional reports
X Reports not stored in the Kingston Health Sciences Centre (KHSC) electronic health record cannot be released by Health Information Services & are to be requested & released by those departments that retain the record.

NEED ADDITIONAL HEALTH RECORDS? Complete a "Request for Access to Personal Health Record" form at:
<http://www.kingstonhsc.ca> → Search "My Health Care Information" or scan QR code.



SUBMIT THIS FORM to the Release of Information office by:

Email: khscrequest@kingstonhsc.ca Fax: 613-542-8071 or contact 613-549-6666 Ext.66800

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For Internal Health Information Services Tracking Purposes Only. DO NOT SCAN this page.

Tracking communication ahead of pick up (Note: if YES is NOT marked it has not occurred)

- Report(s) Verified, ready for release: Yes
- Patient Contacted (if not ready at drop-off): Yes-Date contacted (YYYY/MM/DD) Method: _____
 Message Left Yes By (HIS Initials): _____
- Patient accepted partial release: Yes -what is pending? _____ No
- Request for Authorized Representative to pick up Name/Relationship: _____

Confirm the following details at & after pick up

- ID Verified at Pickup including if released to authorized representative
- PHI Marked "Patient Copy"
- Mailed if patient requested