Ontario

Ministry of Health

Request for Access to Personal Claims History (PCH) Information by Individual or Individual's Substitute Decision Maker

Instructions

To request Personal Claims History (PCH) information, please complete this form. A Personal Claims History (PCH) is a computer record of claims paid by the Ontario Health Insurance Plan (OHIP) under an individual health card number. These records are maintained for seven (7) years for billing and accounting purposes. A PCH is not a record of medical history or diagnosis. To obtain a record of the services provided by specific health care professionals, individuals should contact the provider(s) directly.

Who can request Personal Claims History (PCH) information?

You can request PCH information if you are the individual to whom the record relates or if you are the individual's "Substitute Decision Maker" authorized under the *Personal Health Information Protection Act*, *2004* (see more information about what this means, including relevant information for parents, below).

What does "Substitute Decision Maker" mean and who is authorized under the *Personal Health Information Protection Act*, *2004* to act as the individual's "Substitute Decision Maker"?

A Substitute Decision Maker is someone who is authorized under the *Personal Health Information Protection Act*, *2004* to consent on behalf of an individual to the collection, use or disclosure of personal health information about the individual. Substitute Decision Makers can make requests for personal health information on behalf of individuals who do not have capacity to make such requests. You can act as a Substitute Decision Maker for a person who does not have capacity to make their own PCH request if you have capacity **and** you are the highest ranked person on the list below:

1. a Substitute Decision Maker within the meaning of the *Health Care Consent Act*, if the collection, use or disclosure of information is connected to the decision of a Substitute Decision Maker about the individual's treatment;
2. the guardian of the person or guardian of property;
3. the attorney for personal care or attorney for property;
4. the representative appointed by the Consent and Capacity Board;
5. the spouse or partner;
6. a child, a parent, a Children's Aid Society or other person who is allowed by law to give or refuse consent in the place of the parent;
7. a parent who has a right of access to the child;
8. a sibling;
9. a relative; or
10. the Public Guardian and Trustee, if no other person meets the requirements.

Who can submit a request for a child under 16 years of age?

1. **The child**.
2. **A parent of the child** (including a child with capacity), a member of a Children's Aid Society, or another person who is legally able to request personal health information in the place of the parent **with the exception of the situations noted below**.
   - A child under the age of 16 who consented to their own treatment must decide whether to consent to the collection, use or disclosure of their personal health information related to that treatment.
   - If a child under the age of 16 has capacity to make a PCH request and disagrees with the decision of their parent (or the person legally able to make the request in place of the parent), the child's decision overrides the decision of their parent (or the person legally able to make the request in place of the parent).

For clarity, there are two situations in which the parent (or other legally authorized person) cannot make this request:

1. If the personal health information relates to a treatment that a child consented to (or refused to consent); or
2. If the child is capable of consenting and makes a decision about their personal health information that conflicts with the parent, or other legally authorized person's decision.

Contact Information

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For questions or assistance to complete this form, call 1-800-262-6524, or visit our website at: http://www.health.gov.on.ca/en/public/programs/ohip/phi_access/default.aspx.

Fields marked with an asterisk (*) are mandatory.

Section 1 – Request I am making

Type of Request *

☐ Full Personal Claims History (includes service dates, fee service code (FSC) and FSC description, fee paid, provider and clinic details)

☐ Limited Personal Claims History (includes service dates and provider number only)

Time Period of Request (choose one option only) *

PCH information is being requested for the following specific period of time that does not exceed 7 years.

☐ **Option 1**

Start Date (yyyy/mm/dd) * End Date (yyyy/mm/dd) *

☐ **Option 2**

Start Date (yyyy/mm/dd) *

☐ Date request is processed *

Section 2 – The individual whose PCH is being requested under this form

Last Name *	**or** Single Name *	Middle Name
First Name (not applicable if Single Name entered) *	Ontario Health Card Number *	Date of Birth (yyyy/mm/dd) *
Age		

Address associated with Ontario Health Card *

Postal Code * (if necessary, continue to select the Postal Code Lookup button until your correct address is shown)

Unit Number	Street Number *	Street Name *	PO Box
City/Town *	Province * Ontario		
Country Canada			

Section 3 – Authority to Request the PCH

I,

(Last Name, First Name of person providing authorization for access) *

Email Address *	Confirm Email Address *

have the legal authority to make this request as I am (please select one of the following options): *

☐ the individual identified in Section 2:

a) I still reside at the address listed in Section 2 * ☐ Yes ☐ No

b) Have you moved out of province? * ☐ Yes ☐ No

☐ the individual's parent or other person lawfully entitled to make an access request for a child who is under the age of 16. You are not entitled to make an access request for a child's personal claims history on behalf of the child if it relates to treatment provided to the child that the child consented to on their own **or** if the child is capable and disagrees with you accessing their personal claims history.

Where will the PCH be mailed? *

☐ Same as Address in Section 2 ☐ Alternate Address

the Substitute Decision Maker for the individual identified in Section 2, who does not have capacity.

☐ Please indicate your relationship to the individual. See list of authorized Substitute Decision Makers included in the instructions to this form.

Relationship (check one) *

☐ the attorney for personal care or attorney for property; ☐ the guardian of the person or guardian of property;

☐ the representative appointed by the Consent and Capacity Board; ☐ the spouse or partner of the individual;

☐ a child of the individual; ☐ a parent of the individual;

☐ a Children's Aid Society or other person who is allowed by law to give or refuse consent in the place of the parent;

☐ a sibling of the individual; ☐ a relative of the individual; ☐ the Public Guardian and Trustee.

Where will the PCH be mailed? *

☐ Same as Address in Section 2 ☐ Alternate Address

☐ the individual's estate trustee or individual who has assumed responsibility for the administration of the individual's estate.

Where will the PCH be mailed? *

☐ Same as Address in Section 2 ☐ Alternate Address

☐ I understand that **making a false assertion is an offence under the *Personal Health Information Protection Act, 2004*.** *

Section 4 – Alternate Mailing Address

Alternate Mailing Address * ☑ Canada ☐ U.S.A. ☐ International

Postal Code * (if necessary, continue to select the Postal Code Lookup button until your correct address is shown)

Unit Number	Street Number *	Street Name *	PO Box

City/Town *	Province *
	Ontario

Country
Canada

Unit Number	Street Number *	Street Name *

City/Town *	State *	Zip Code *

Country
United States

Address line 1 *

Address line 2

City/Town *	Region *	Postal Code *

Country *