Ontario Ministry of Health

Request for Disclosure of Personal Claims History (PCH) Information to a Third Party

Instructions

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.

The ministry charges a $74 processing fee. Upon submission, you will be directed to the ministry's secure electronic payment service to complete your electronic funds transfer.

Note: The **Consent Authorization Form # 5119-84E**, signed by the individual to whom this request relates, or their substitute decision maker **must** be completed in full and attached to this document upon submission.
The consent authorization form must not be collected or retained by the Third Party. Once submitted, the consent form must be securely destroyed.

Contact Information

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 – The individual whose Personal Claims History (PCH) will be disclosed 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) *

Type of Request *

Note: Type of Request **must** match the Type of Request stated on the signed Consent Authorization Form attached to this submission.

☐ 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) *

Note: Time Period of Request **must** match the Time Period of Request stated on the signed Consent Authorization Form included attached to this submission.

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 *

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Section 2 – The Third Party that will receive the PCH directly from the Ministry of Health

Type of Third Party *

☐ Law Firm ☐ Insurance Company ☐ Government Affiliation ☐ Other (specify)

Name of Third Party *	File Number

Contact Person Name

Last Name *	First Name *

Contact Telephone Number *	Contact Email Address *	Confirm Contact Email Address *

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 *

Section 3 – Authority to Request Personal Claims History (PCH) to be disclosed for the individual to whom it relates

☐ I confirm that I have obtained the necessary signed consent from _____ , or their substitute decision maker **and** have attached the consent authorization form to this eForm for submission to the ministry. *

File Name *	File Size (MB) *	Selected File
		☐

This total file size which includes attachments in section 3 should not exceed **15 MB**.

Total attachments must not exceed more than **15 MB** in size.

The individual's consent authorization form, once submitted, must not be retained by you and must be securely destroyed. The individual's authorized consent form includes the individual's health number. The *Personal Health Information Protection Act, 2004* prohibits the collection of a health number by non-health information custodians, subject to limited exceptions. Collecting and retaining the health number on the consent form may constitute a breach of the *Personal Health Information Protection Act, 2004*.

Important: Making a false assertion is an offence under the *Personal Health Information Protection Act, 2004*.