



For office use only

Medical Record Number: _____

Account Number: _____

Log Number: _____

Clinical Information Services
Authorization for Disclosure of
COVID- 19 Test Result

I _____ hereby authorize Halton Healthcare (select all that apply):
Patient or Substitute Decision Maker

- Oakville Trafalgar Memorial Hospital Milton District Hospital Georgetown Hospital

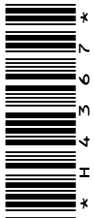
To release the result of the COVID-19 test performed on _____
Date of Test (DD/MM/YYYY)

To the following email address: _____

From the record of:

_____			_____	
Patient's Name			Date of Birth (DD/MM/YYYY)	
_____			_____	
Street Address			Health Card Number	
_____	_____	_____	_____	
City	Province	Postal Code	Phone Number	

Date of Travel if applicable: _____
Date (DD/MM/YYYY)



Signature of patient

Signature of Substitute Decision Maker (if applicable)

Print name of SDM and relationship

Signature of witness

Print name of witness

Date (DD/MM/YYYY)

This consent pertains to the disclosure of records for treatment received on or before the date signed and is valid for three (3) months.

****NOTE:** In accordance with PHIPA (Personal Health Information Protection Act), authorization must be signed by the patient OR the substitute decision maker if the patient is certified incapable. A substitute decision-maker is a person authorized by PHIPA to consent on behalf of an individual, to disclose personal health information about the individual.

How can I obtain my test results?

- It may take up to **five days** to receive test results (sometimes longer)
- We cannot guarantee a timeframe for test results
- Completing this request **does not** expedite the results



If you have a valid Ontario Photo Health Card, you are able to view and print your results from the provincial website:

- Visit covid-19.ontario.ca and select “Check your lab results”
- If online results are not available after five days, call Halton Healthcare’s COVID-19 Central Intake Line at 905-845-2571 ext. 3559

If you do not have an Ontario Photo Health Card or you require more information than what is available on the provincial website, please request your results by following these steps:

- 1) Complete front side of this form
- 2) Copy Government issued photo ID with proof of signature (driver’s license, passport, Provincial health card)
- 3) Please include the MRN (medical record number) found on the testing label



- 4) Email the completed form and a copy of photo ID to roi@haltonhealthcare.com
- 5) In the email subject line, please include the site you had the test performed at – Oakville, Milton or Georgetown
- 6) Your request will be processed once the test results are available
- 7) Requests will be prioritized based on travel date

Please note the hours of operation are 0800-1600 Monday to Friday. The email is only reviewed during these hours. Please do not send multiple emails.