

To request Personal Claims History (PCH) information, please complete this form. If you do not complete all parts of this form, this will delay the processing of your request.

The Ministry of Health and Long-Term Care (ministry) maintains a computer record of OHIP claims submitted by health care providers for billing and accounting purposes for a period of seven (7) years. The PCH information you are requesting is an extract of this computer record and is based on the patient health number the provider(s) submitted to the ministry with their claims for payment. *It is not a record of the medical services received by patients. To obtain a record of the services provided by specific provider(s), please contact the provider(s) directly.*

The completed form is to be submitted to:

Ministry of Health and Long-Term Care  
OHIP Personal Health Information Office  
49 Place d'Armes, 3<sup>rd</sup> Floor  
Kingston ON K7L 5J3

If you require additional information to complete this form or have questions, please visit the ministry website at:  
[http://www.health.gov.on.ca/en/public/programs/ohip/phi\\_access/default.aspx](http://www.health.gov.on.ca/en/public/programs/ohip/phi_access/default.aspx)

## Section 1 - Personal Claims History (PCH) Information Request

**PCH information is being requested for:**

Last Name (as appears on Health Card)		First Name (as appears on Health Card)	Second Name (as appears on Health Card)
Health Number	Version Code	Date of Birth (yyyy/mm/dd)	

### Mailing Address

Unit Number	Street Number	Street Name	PO Box, Rural Route, General Delivery
City/Town		Province	Postal Code

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

Start Date (yyyy/mm/dd)	End Date (yyyy/mm/dd)
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Is this request to support residency for Citizenship and Immigration?  Yes  No

## Section 2 - Signature of Requester or Substitute Decision Maker (SDM)

This form must be signed and dated by the requester or SDM described below. All changes or corrections to the content of this form must be initialed by the requester or their SDM.

- I am the requester and I am 12 years of age or older
- I am the requester's parent with custody, or a person lawfully entitled to consent on behalf of the requester who is under 12 years of age
- I am the requester's guardian of the person or property, or exercising a power of attorney for the requester who is an incapable adult
- The requester is deceased and I am an estate trustee or have assumed responsibility for the administration of the deceased's estate and I have provided a copy of the required documentation

Last Name	First Name
Email Address	
Signature	Date (yyyy/mm/dd)