

## Request To Access Personal Health Information

### Information and Instructions:

We will provide you with access to your personal health record, unless a legal or medical exception applies. We will review all health record access requests, and will make every effort to respond to your request in a timely fashion. Please complete Parts A and B of this form. Part C is for our internal use.

### Part A: REQUESTOR INFORMATION

#### Patient Contact Information:

_____	_____
Last Name:	First Name:
_____	_____
Middle Name:	Birth Date:
_____	_____
Health Card No:	Address:
_____	_____
City/Town:	Province:
_____	_____
Postal Code:	Telephone:
_____	_____

#### Substitute Decision Maker Contact Information:

_____	
Name:	
_____	
Address:	
_____	
_____	_____
City/Town:	Province:
_____	_____
Postal Code:	Telephone:
_____	_____

**Note: Include copies of documents that provide your authority as a substitute decision maker.**

## PART B: ACCESS REQUEST

Request for:

- Access to own Personal Health Information
- Access to Personal Health Information as a Substitute Decision Maker
- Correction to own Personal Health Information
- Correction to Personal Health Information as a Substitute Decision Maker

1. How would you prefer to access this information? Please check off:

- Review Personal Health Information in facility
- Receive copies of Personal Health Information (a fee may apply)

Description of Personal Health Information requested:

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Name of Requestor: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PART C: RESPONSE TO REQUEST (For internal use only)**

**1. Information Regarding Request**

Date Request Received: \_\_\_\_\_

Request Processed by: \_\_\_\_\_

**2. Information Regarding Response**

- Request Access granted
- Request Access granted for a portion of the record
- Request Access not granted for entire record

Reason for access not granted for portion /entire patient record:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Response to Patient Issued: \_\_\_\_\_

Response to Patient provided by: \_\_\_\_\_

**3. Information Regarding Extension:**

If an extension to access is required, please indicate:

Date of Extension: \_\_\_\_\_

Reason for Extension: \_\_\_\_\_

\_\_\_\_\_

**4. Request for Access Provided:**

Date Access Provided: \_\_\_\_\_

Access provided by: \_\_\_\_\_

Position: \_\_\_\_\_