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ACCESS REQUEST TO PERSONAL HEALTH RECORD

Information and Instructions

All clients have the right to access their health record on request, subject to certain provisions under *Personal Health Information Protection Act, 2004*. We will make every effort to respond to your request within 30 days. Please return completed form to Health Records at the above address or by fax at 416-217-1415. You can also contact us at 416-217-3811.

PART A: REQUESTOR INFORMATION

Client Contact Information:

_____ _____
Last Name *First Name*

_____
Mailing Address

_____ _____ _____
Telephone Number *Date of birth: (yyyy/mm/dd)* *Health Card Number*

If you are a substitute decision-maker, your contact information:

_____ _____
Last Name *First Name*

_____
Mailing Address

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

PART B: ACCESS REQUEST

1. Please describe what you need and include details that will help us locate the record (e.g. dates, name of Health care provider, etc.)

_____

_____

2. This information may be released to: _____
Contact Name and/or Organization

_____ _____
Mailing Address *Telephone/Fax Number*

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

☐ Receive hard copies of originals (a fee may apply) ☐ Examine originals in the facility

_____ _____ _____
Signature *Name (Print)* *Date*

Note: The consent is valid for 90 days starting from the signed date.

Ontario