

HOW TO COMPLETE THIS FORM

In Ontario, an individual's Personal Health Information (PHI) is collected, used and disclosed under the Personal Health Information Protection Act (PHIPA). PHIPA requires the individual's consent or that of the authorized Substitute Decision Maker (SDM) in order for organizations to release PHI.

PROOF OF IDENTITY

If you are making a request for your own PHI, you need to provide proof of your identity before the records may be released to you.

If you are requesting health information for another individual, you need to provide proof that you have the authority to act for that individual. For example, you might provide proof that you are the individual's Guardian or Trustee, or that you are the authorized Substitute Decision Maker or have Power of Attorney.

SECTION 1: Authorized Requester's Information

PATIENT IS REQUESTING:

If you are the **patient**, print your last name and first name, date of birth, health card number, and full mailing address.

SUBSTITUTE DECISION MAKER (SDM) IS REQUESTING:

If you are the **authorized SDM** making the request on the patient's behalf, print the patient's last name and first name, date of birth and their health card number. Print your last name and first name, as well as your full mailing address.

SECTION 2: Person / Agency to Receive Information

If the Person or Agency receiving the information is **DIFFERENT** from the Patient or SDM, please complete **Section 2**.

SECTION 3: Description of Request

1. The preparation fee for processing this request is:
 - \$30 for the first 20 pages and \$0.25 per page thereafter, OR
 - \$25 for a letter (example: confirmation of service).

Please make payable to Minister of Finance.

If you wish to receive an estimate of cost, please contact the Privacy Office.

2. Do you want to receive a copy of the health record or do you want to review the record on site? The record is examined in a private room with a WWLHIN staff member present at no cost. Please check the appropriate selection.

3. What records are you requesting? If you need help to find out what records we have, please contact the Privacy Office.

If you are requesting health records for a specific time frame, check this box and enter the time period of the requested records. For example, if you are requesting records for the period Jan 1, 2018 to Aug 31, 2018, enter "From: 01/01/2018 To: 08/31/2018". If you want records from August, 2018 to the present enter "From: 08/01/2018 To: the present."

If you are requesting a specific health record, check this box and identify the specific health record in the space provided. For example, "Care Coordinator Assessment Jan 1 2019".

If you are requesting the complete health record, check this box.

SECTION 4: Attestation

Please thoroughly read this section. In completing, signing and submitting this form, the patient/SDM acknowledges that they are authorized to make this request for access or disclosure of PHI. The PHI contained on this form is collected pursuant to PHIPA and will be used for the purpose of responding to the request for access (PHIPA, sec 54). This authorization will be valid for 90 days as of the date of signature, unless specified otherwise. The requester may withdraw their consent at any time by informing the WWLHIN Privacy Office.

The Authorized Requester who is requesting the health records **must sign and date the form**, and send it to the Privacy Office (via mail or in person) at the address below:

Privacy Office
Waterloo Wellington LHIN
450 Speedvale Ave. W., Suite 201
Guelph, ON
N1H 7G7

CONTACT US

Please contact the Privacy Office at:

450 Speedvale Ave. W., Suite 201
Guelph, ON N1H 7G7
Tel: 519-823-2550 **Fax:** 519-823-8682
Toll Free: 1-888-883-3313
Email: privacy.ww@lhins.on.ca