Ontario Shores
Centre for Mental Health Sciences

Request for Access to a Record of Personal Health Information

To: ______________________________
(print name of psychiatric facility)

I, ______________________________
(print full name of applicant)

of ______________________________
(address)

request to ☐ examine originals

Email: ______________________________

☐ receive hard copies of originals

☐ receive electronic copies of originals *(if available)* via SERVU file sharing

the personal health information from the records of

____
(print full name of patient) (date of birth) (casebook no.)

of ______________________________
(address)

Please provide us with details that will help us locate the record *(e.g. dates, name of healthcare provider, etc.)*

____

____
(print name of witness)

____
(signature of patient / Substitute Decision-Maker)

____
(signature of witness)

____
(if other than the patient, state relationship to the patient)
Note: *We may require copies of documents that provide you with authority as a substitute decision-maker (e.g. POA, will)*

____
Date (year / month / day)

You have the right to access your personal health information unless a legal exception applies under the *Personal Health Information Protection Act*, 2004.

All requests for access to a record of personal health information must be submitted to Health Information Management.

For hospital use only

Response time	Date request received	Date request responded to

☐ response within 30 days of request ☐ extension beyond 30-day period required

If an extension to the access request response was required, please indicate:

Date of extension	Reason for extension	Date patient notified

Response to request

☐ access granted

☐ access granted in part *(specify reason and identify person who instructed partial access)*

____

☐ access denied *(specify reason and identify person who instructed access denial)*

____

Processed by	Signature	Date

SCLGOLPTCHART00

Requests are fullfilled with 30 days of receipt in HIM/ROI office MAIL __ SERVU __ PAGES ________