

## Request for Access to a Record of Personal Health Information

Content tall name of againstant (seasons)		To: Officer-i	n-charge of				
of							
of							
request to examine originals receive electronic copies of originals (if available) the personal health information from the records of		-,	(print full name of applicant)				
request to							
the personal health information from the records of    griff thill reams of patient)   (data of birth)   (casebook no.)		request to					
the personal health information from the records of  (print full name of patient) (date of birth) (crasehook no.)  of		-			receive electronic	copies of originals (if available)	
(grint full name of patient) (date of birth) (cassecook no.)  Of						oop oo oo gaaaa (a ar amaaaa)	
Please provide us with details that will help us locate the record (e.g. dates, name of healthcare provider, etc.)    Continuous form the patient of witness)		the persona	il health informatio	on from the records of			
Please provide us with details that will help us locate the record (e.g. dates, name of healthcare provider, etc.)  (brint name of witness)  (cignature of patient / Substitute Decision-Maker)  (dignature of witness)  (dignature of patient / Substitute Decision-Maker)  (dignature of patient / Substitute Recoverable provider point with substitute decision-maker provider, etc.)  (dignature of patient / Substitute Decision-Maker)  (di			(print full na	me of patient)	(date of birth)	(casebook no.)	
Please provide us with details that will help us locate the record (e.g. dates, name of healthcare provider, etc.)  (brint name of witness)  (cignature of patient / Substitute Decision-Maker)  (dignature of witness)  (dignature of patient / Substitute Decision-Maker)  (dignature of patient / Substitute Recoverable provider point with substitute decision-maker provider, etc.)  (dignature of patient / Substitute Decision-Maker)  (di		of					
(signature of witness)  (signature of patient / Substitute Decision-Maker)  Note: We may require copies of documents that provide you with authority as a substitute decision matter (e.g. P.O.K., will)  Poste (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.  Isponse time  Date request received  Date request responded to  For hospital use only  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   Date patient notified					(address)		
(signature of witness)    Date (year / month / day)		Please prov	ride us with details	s that will help us locate th	ne record (e.g. dates, nan	ne of healthcare provider, etc.)	
(signature of witness)    Date (year / month / day)							
(signature of witness)    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.  Isponse time  Date request received  Date request responded to  For hospital use only  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  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)							
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.  Isponse time  Date request received  Date request responded to  For hospital use only    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    part of extension   Date patient notified   excess granted   exc							
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.  Exponse time  Date request received  Date request responded to  For hospital use only  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  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)					a substitu	te decision-maker (e.g. POA, will)	
All requests for access to a record of personal health information must be submitted to Health Information Management.  Seponse time  Date request received  Date request responded to  For hospital use only  response within 30 days of request  If an extension to the access request response was required, please indicate:  Date of extension  Reason for extension  Date patient notified  Date patient notified  access granted  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)	You have the	right to acce			a legal exception applies	under the Personal Health	
Date request received  Date request responded to  For hospital use only  response within 30 days of request  If an extension to the access request response was required, please indicate:  Date of extension  Reason for extension  Date patient notified  parponse 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)							
response within 30 days of request	All requests t	for access	to a record of per	sonal health information	n must be submitted to H	ealth Information Management.	
If an extension to the access request response was required, please indicate:  Date of extension  Reason for extension  Date patient notified  Date patient notified  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)	esponse time	Date reques	st received	Date request respond	ded to	For hospital use only	
If an extension to the access request response was required, please indicate:  Date of extension  Reason for extension  Date patient notified  Date patient notified  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)							
Date of extension  Reason for extension  Date patient notified  Date patient notified  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)	response wi	ithin 30 days of	f request	extension beyond	30-day period required		
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)	If an extension	n to the access	request response was	s required, please indicate:			
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)	Date of exter	nsion		Reason for extensi	on	Date patient notified	
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)							
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)							
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)							
			access g	ranted in part (specify reason a	nd identify person who instructe	ed partial access)	
cessed by Signature Date	access denied (	(specify reasor	and identify person w	vho instructed access denial)			
	ocessed by			Signature		Date	

