



## **Request to Access Personal Health Information**

Under the Personal Health Information Protection Act, 2004

Name of Health Information Custodian to Whom the Request is being made: Your information: Surname \_\_\_\_\_ Given name \_\_\_\_\_ Initials \_\_\_\_\_ Address \_\_\_\_\_ Unit \_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_\_ Alternate/Cell \_\_\_\_\_ Substitute Decision-Maker Information:\* Surname \_\_\_\_\_\_ Initials \_\_\_\_\_ Address \_\_\_\_\_ Unit \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone Alternate/Cell \*Please provide documentation to satisfy the Health Information Custodian that you are an authorized Substitute Decision-Maker. Please provide a detailed description of the personal health information you are requesting and details that will assist in locating this information (e.g. dates, names of health care provider, etc.) Preferred method of access to records: ☐ Examine Original ☐ Receive a Copy Signature: Date: For Health Information Custodian Use Only: Date Received: \_\_\_\_\_ Request Number: \_\_\_\_\_ Comments: \_\_\_\_\_

The information that is being disclosed is personal health information, and it's collection, use and storage are subject to the Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A. Questions about the collection, use and storage of this personal health information can be directed to Jagger Benham, Paralegal & FOI Coordinator at 519-845-0809 ext. 5253.