# Request for Access to Personal Health Information - Immunization Record

**Under the Personal Health Information Protection Act, 2004**

## Client Information

First name: _____ Last name: _____

Previous name(s) if any: _____ Date of birth: _____

Address: _____ Unit #: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ School: _____

Health care provider: _____ Health Card #: _____

## Reason for Request

❑ School ❑ Employment ❑ Travel ❑ Record Keeping

❑ Other: please specify _____

## Person Requesting Information

❑ *Check if same as above*

First name: _____ Last name: _____

Address: _____ Unit #: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Alternate/Cell: _____

## Relationship to Client *(check all that apply)*

- **I am the parent / legal guardian: ❑ yes ❑ no**
- **Client is under 16 years of age: ❑ yes ❑ no**
  *clients who are 16 years of age and older are required to provide verbal or written consent
- **Organization with legal authority: ❑ yes ❑ no**
  *e.g., correctional facility, Children's Aid Society
- **I am the substitute decision maker: ❑ yes ❑ no**
  *Documentation is required to satisfy the Health Information Custodian that you are an authorized organization or substitute decision maker

## Preferred Method to Receive Records

❑ Paper Copy ❑ Mail Delivery (address above) ❑ Phone (phone number above)

❑ Email: _____ ❑ Read page 2 Appendix A (if choosing email)

Signature: _____ Date: _____

**OFFICE USE ONLY:** Date Received: _____ LPH Staff Initials: _____

*Information being disclosed is personal health information. Its collection, use and storage are subject to the Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A. Lambton Public Health cannot guarantee the security of personal health information sent via email. Questions about the collection, use and storage of this personal health information can be directed to FOI coordinator at 519-845-0809.*



160 Exmouth Street
Point Edward, ON N7T 7Z6
519-383-8331 or 1-800-667-1839
www.lambtonpublichealth.ca

**Appendix A: Risks of using electronic communication**

Lambton Public Health (LPH) will use reasonable means to protect the security and confidentiality of information sent and received. However, because of the risks outlined below, LPH cannot guarantee the security and confidentiality of electronic communications:

- Use of electronic communications to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Despite reasonable efforts to protect the privacy and security of electronic communication, it is not possible to completely secure the information.
- Employers and online services may have a legal right to inspect and keep electronic communications that pass through their system.
- Electronic communications can introduce malware into a computer system, and potentially damage or disrupt the computer, networks, and security settings.
- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the sender or the client.
- Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system.
- Electronic communications may be disclosed in accordance with a duty to report or a court order.

If email is used as an electronic communication service, the following are additional risks:

- Email can easily be misdirected, resulting in increased risk of being received by unintended and unknown recipients.
- Email can be easier to falsify than handwritten or signed hard copies. It is not feasible to verify the identity of the sender, or to ensure that only the recipient can read the message once it has been sent.

LPH staff may forward electronic communications to staff and those involved in the delivery and administration of your care. LPH will not forward electronic communications to third parties, including family members, without your prior written consent, except as authorized or required by law. You can add to or modify the consent to electronic communications list at any time by notifying LPH in writing. LPH is not responsible for information loss due to technical failures associated with your software or internet service provider.

❑ I acknowledge that I have read and understood the content in Appendix A – Risks of Using Electronic Communication

Signature: _____ Date: _____

***Please allow up to 10 business days for processing requests***



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