



Request to Access Personal Health Information - Immunizations

Under the Personal Health Information Protection Act, 2004

Client information

First name: _____ Last name: _____

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

Address: _____ Unit: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ School: _____ Health Card #: _____

Person Requesting information (if someone other than the client is requesting)

First name: _____ Last name: _____

Address: _____ Unit: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Alternate/Cell: _____

Relationship to the client (check all that apply)

- I am the client:
☐ yes ☐ no
 - I am the parent/legal guardian:
☐ yes ☐ no
 - Client is under 16 years of age?
☐ yes ☐ no
(16 years of age and older requires the client to provide verbal or written consent)
 - *Organization with legal authority
(e.g. correctional facility, CAS):
☐ yes ☐ no
 - *I am the Substitute Decision-Maker:
☐ yes ☐ no
- *Documentation will be required to satisfy the Health Information Custodian that you are an authorized Organization or Substitute Decision-Maker.

Preferred method of access to records

☐ Paper Copy ☐ Mail Delivery (details noted above) ☐ Phone (details noted above)

☐ Email: _____ ☐ Fax: _____

Signature: _____ Date: _____

Your request will be processed within 10 business days.

The information that is being disclosed is personal health information, and 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 Jagger Benham, Paralegal & FOI Coordinator at 519-845-0809 ext. 5253.

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Office Use Only: Date Received: _____ LPH Staff Initial: _____