

Request Access to Personal Health Information (PHI) Form

Information and Instructions:

We will provide you with access to your PHI, unless a legal exception applies. We will review all health record access requests, and will make every effort to respond to your request in a timely fashion. Please complete Parts A and B of this Form. Part C is for our internal use. For information about our Privacy practices, contact Mrs. Sabina Reckzine, Privacy Contact at 705-337-4039 or privacy@senhosp.ca.

PART A: REQUESTOR INFORMATION

Patient Contact Information:

Last Name	First Name	Initials
Mailing Address		Health Card Number
Telephone Number	Date of Birth	Hospital ID Number

If you are a substitute decision-maker, your contact information:

Last Name	First Name	Initials
Mailing Address		
Telephone Number		

NOTE: Please include copies of documents that provide your authority as a substitute decision maker.

PART B: ACCESS REQUEST

1. Please describe what you need and include details that will help us locate the record (e.g. dates, name of healthcare provider, etc.)

2. How would you prefer to access this information? Please check off:

- Receive hard copies of originals
- Examine originals in the facility

Signature	Name (print)	Date
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PART C: CORRECTION REQUEST RESPONSE (For internal Use Only)

1. Information regarding receipt and initial review of request

Date Request Received

2. Information regarding response

Date Response Issued

- Access request granted
- Access request not granted
- Access request granted in part

If complete access request was not granted, reason for refusing the request/part of the request.

3. Information regarding extension

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

Date of Extension	Reason for Extension	Date Patient Notified

Processed by:

Signature	Name (print)	Title
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