HÔPITAL SENSENBRENNER HOSPITAL

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Policy No.: I-3-40
Administrative
APPENDIX 1

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
□ Receive a USB key

Signature	Name (print)	Date

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