

## REQUEST TO ACCESS PERSONAL HEALTH INFORMATION

Pursuant to the Personal Health Information Protection Act, 2004

### INFORMATION AND INSTRUCTIONS:

The hospital will provide you with access to your personal health information, unless a legal exception applies. Please complete Part A and B of this form only, Part C is for hospital use. For information about our information practice please contact the Corporate Privacy Officer. Telephone: 613.722.6521 ext. 6328 or email: [privacyoffice@theroyal.ca](mailto:privacyoffice@theroyal.ca)

### PART A: Requestor information:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone Number: \_\_\_\_\_

*If you are the substitute decision maker:*

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### PART B: Access Request:

Please describe what personal health information you wish to access:

How would you prefer to access this information? Please indicate:

Receive photocopies by Canada Post

Pick up photocopies at the hospital

Examine originals in the facility

Witness: \_\_\_\_\_ Signed By: \_\_\_\_\_  
(patient or substitute decision maker)

Date: \_\_\_\_\_  
(relationship to the patient)

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### PART C: Response to Access Request: *For Hospital Use Only*

**1. Receipt of Request:**

Date Request Received: \_\_\_\_\_

Date Request Sent to Physician: \_\_\_\_\_

Date Response Issued: \_\_\_\_\_

**2. Response to Request:**

Access request granted

Access request not granted

Access request granted in part only

If access was not granted, specify reason for refusing the request in whole or in part *(to be completed by physician)*:

Physician Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)

**3. Extension of Time for Response:**

Date of Extension	Reason for Extension	Date Patient Notified

**4. Date of Access:**

Date of Access	<i>Indicate what photocopies of personal health information were provided to the patient</i>

**5. Processed By:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)