THE / LE ROYAL

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

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)

REQUEST TO ACCESS PERSONAL HEALTH INFORMATION

THE ROYAL

REQUEST TO ACCESS PERSONAL HEALTH INFORMATION

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	*Indicate what photocopies of personal health information were provided to the patient*

5. **Processed By:**

Name: _____ Signature: _____ Date: _____
(please print)