

625 Runnymede Road  
Toronto, Ontario, M6S 3A3  
Phone: 416-762-7316  
Fax: 416-762-3836

## REQUEST ACCESS TO PERSONAL HEALTH INFORMATION

### Information and Instructions

We will provide you with access to your personal health record, 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 protection practices, contact our Health Records department at 416-762-7316, ext. 230.

### **PART A: REQUESTOR INFORMATION**

#### **Patient Contact Information:**

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Hospital Master Chart No.

\_\_\_\_\_

Date of Birth

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

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Relationship

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Mailing Address

### **PART B: ACCESS REQUEST**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

- Receive copies of the information being requested
- Examine originals in the facility

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date

**PART C: RESPONSE TO ACCESS REQUEST (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

**4. Processed by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title