

Freedom of Information and Protection of Privacy Request for Access to Personal Health Records

You may make a request for access to records without using this form, provided you do so in writing.

Please Note: The Act allows for 30 business days to provide the requested records

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of responding to your request.

		Complete Mailing Address (City/Town/Province/Country/Postal Cod	
Name (First/Middle/Last)			
Date of Birth (dd/mm/yyyy)			
PHN (Personal Health Number/Care Card Number)			
Daytime Phone Number		Alternate Phone Number	
Purpose for the Request and Information	on Requested		
Please describe: the records you are required Be Specific. Attach a separate sheet if records and the separate sheet if records are required by the separate sheet in the separate sheet i		ty that hold the records; and the reason for your request.	
Are you requesting access to another per personal information? Yes No		Information provided to: Name:	
If Yes please attach That person's signed consent for disclosure OR		Complete Mailing Address (City/Town/Province/Country/Postal Code)	
Proof of authority to act on that person's			
Preferred Method of Delivery	3311411		
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Mail Regular Canada Post Courier at requester's expense	and arrangements	Contact #:	
Mail Regular Canada Post	and arrangements	Contact #:	
Mail Regular Canada Post Courier at requester's expense	Ů	Contact #: Date Signed (dd/mm/yyyy)	