SOMERSET WEST COMMUNITY HEALTH CENTRE

REQUEST TO ACCESS PERSONAL HEALTH INFORMATION

Pursuant to the Personal Health Information Protection Act, 2004

Information and instructions:

The Centre 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 Centre use. For information about our information practice please contact the Corporate Privacy Officer. Telephone: (613) 238-8210 or email privacyofficer@swchc.on.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 Centre
- Examine originals in the Centre

Witness:_____ Signed by:_____
(client or substitute decision maker)

Date:_____ _____
(relationship to the client)

PART C: Response to Access Request: *For Centre Use Only*

1. Receipt of Request:

SOMERSET WEST COMMUNITY HEALTH CENTRE

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Date Request Received:_____

Date Request Sent to Provider:_____

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 provider*)

_____ _____
Provider's Name (Print) Signature of Provider

Extension of Time for Response:

Date of Extension	Reason for Extension	Date Client Notified

Date of Access:

Date of Access	*Indicate what photocopies of personal health information were provided to the client*

Processed By:

_____ _____ _____
Name: (Print) Signature Date

Reviewed December 2020