



Request for Access to Personal Health Information
under the Personal Health Information Protection Act, 2004

I am making this request on my own behalf I am making this request on behalf of my child/I am the guardian or substitute decision-maker

Client Information:

Surname:	Given Name:	Initials:
Date of Birth:	Telephone:	
Address:		Unit:
City:	Province:	Postal Code:

Substitute Decision-Maker Information:

Surname:	Given Name:	Initials:
Address:		Unit:
City:	Province:	Postal Code:
Telephone:	Relationship to client:	

Please provide a detailed description of the personal health information you are requesting and details that will assist in locating this information (e.g. dates, names of clinicians, etc.)

Preferred method of access to records:

- Receive a copy via mail to above noted address or other address: _____
- Receive a copy via fax to: _____
- Receive a copy via email* to: _____

I wish to have a copy of these records provided to the following third party:

Name of third party: _____

Address: _____ Phone Number: _____

Please send by:

Mail Address: _____

Fax Fax: _____

Email Email: _____

I understand that if I want copies, the first 10 pages will be free, while additional pages will be charged at a rate of 25 cents per page to cover photocopying and related costs.

I also understand that the agency has 30 days to respond to this request, and in some cases, may require an additional 30 day extension. I will be notified in writing should this be necessary.

If you have requested a copy of these records be provided to a third party, please note that your signature below indicates consent to release the requested information to the third party indicated above.

Signature: _____ Date: _____

For FIREFLY Use Only: Date request received: Comments:
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The personal health information contained on this form is collected pursuant to the *Personal Health Information Protection Act, 2004 ("the Act")* and will be used for the purpose of responding to your request for access pursuant to section 54 of the Act. Questions about this collection should be directed to the privacy contact person at the health information custodian where the request is made.

*Email is not the most secure form of communication, by selecting this method and signing this form you are indicating your understanding of this. For further information about privacy risks with use of email visit our brochure [here](#).