



Client Request to Access/View Personal Health Information Form

under the *Personal Health Information Protection Act (PHIPA)*

Your Information (information of person the request pertains to)

Mr. Mrs. Ms Miss

Surname

Given Name

Initial

Date of Birth

Please check your preferred method to be contacted to schedule an appointment to view the health record.

Street Address

City

Province

Postal Code

Telephone # (daytime)

Telephone # (evening)

Email Address*

* I consent to being contacted at this email address or through that of my representative on my behalf. I acknowledge that sending email over the internet is not secure, in that it can be intercepted and/or manipulated and retransmitted.

Substitute Decision Maker Information *

Mr. Mrs. Ms Miss

Surname

Given Name

Initial

Street Address

City

Province

Postal Code

Telephone Number (daytime)

(evening)

Email Address

*Please provide documentation to satisfy the health information custodian that you are an authorized substitute decision-maker, if available.

Details of Information to be Accessed

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

Where to send this form

Mail this completed form to:

Privacy Officer
CHEO-OCTC
401 Smyth Road Ottawa, ON K1H 8L1
Email: privacy@cheo.on.ca

Signature

Your Signature: _____ Date: _____

For CHEO-OCTC use only

Date received _____

Date of scheduled Chart Access/Review _____

Comments

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 correction pursuant to section 55 of the Act. Questions about this collection should be directed to CHEO-OCTC’s Privacy Officer at privacy@cheo.on.ca or 613.737.7600 x2203.