REQUEST FOR ACCESS TO PERSONAL HEALTH RECORD

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 Pat A and B of this form. Part C is for our internal use. For information about our privacy protection practices, contact the Privacy Officer at:

Riverside Health Care Facilities Inc.
110 Victoria Avenue, Fort Frances, ON P9A 2B7
Phone: 807-274-4809 Fax: 807-274-4832
E-mail: privacy.officer@rhcf.on.ca

PART A: REQUESTOR INFORMATION

Patient Contact Information:

_____ _____ _____
Last Name First Name Initials

_____
Mailing Address

_____ _____
Telephone Number Date of Birth

_____
Hospital ID Number

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

_____ _____ _____
Last Name First Name Initials

_____
Mailing Address

_____
Telephone Number

Note: Include copies of documents that provide your authority as a substitute decision-maker.

PART B: ACCESS REQUEST

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

_____

_____

_____

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

□ Receive hard copies of originals.
□ 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