



Thunder Bay Regional
Health Sciences
Centre

PATIENT'S REQUEST FOR ACCESS TO PERSONAL HEALTH INFORMATION

Place Patient Label with
Barcode Here

Patient Information and Instructions

- 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.
- For information about our privacy protection practices, contact the Health Records Department.

Patient Contact Information:

Last Name

First Name

Middle Name(s)

Maiden or Other Names

Mailing Address

Telephone Number

Date of Birth

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.)



TPTREQPHI

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

How would you prefer to access this information? (please check off):

- Receive copy of original **(There is a charge for copies for non medical use.)**
 Examine originals in the facility

Patient or Substitute Decision Maker
Signature

Name **(please print)**

Date

To be completed by Thunder Bay Regional Health Sciences Centre Staff processing request:

Date Request Received: _____

Date Request Granted: _____

Guidelines:

1. Refer to Procedure HIS-08.
2. Patient or substitute decision maker to complete form or submit a letter identifying all required information. If substitute decision maker provides authorization, TBRHSC staff will ensure copies of documents are attached.
3. Thunder Bay Regional Health Sciences Centre employee will date the request upon receipt.
4. If request is granted, the employee should date the request.
5. If complete access request was not granted, please complete Refusal of Access for Personal Health Information Form.
6. Form to be filed in the Correspondence Section of the patient's health record (If patient is an in-patient, the form is to be filed under the Miscellaneous Section of their health record).