



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

- This form is used by patients or their authorized decision makers to request access to the patient's health record.
- We will make every effort to respond to your request in a timely fashion.
- Access to the personal health record will be granted, unless a legal exception applies.
- For information about our privacy protection practices, contact the Privacy Office.

## Section A: Patient Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name(s): \_\_\_\_\_ Maiden/Other Name(s): \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## Section B: Records Requested

Please describe what you need and include details that will help us locate the record (e.g., dates, names of healthcare provider, etc.) **(Please note there is a fee for copies for non medical use.)**

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## Section C: Substitute Decision Maker (If Applicable)

If you are not the patient listed above, but are making this request on behalf of the patient, please fill in your contact information and include copies of documents which prove your authority:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_



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**Section D: Authorization**

I, \_\_\_\_\_, have the legal authority to make this request in my capacity as:  
(Print Name)

- the patient
- the patient's Substitute Decision Maker (select one and include copies of documents which prove authority):
  - Custodial parent or legal guardian of an incapable youth (child less than 16 years of age)
  - Attorney for Personal Care of an incapable adult
  - Other (Please explain): \_\_\_\_\_
- the Estate Trustee/Executor for a deceased patient (include copies of documents which prove authority)

Optional:

Verbal consent obtained by (Print Name of TBRHSC Staff/Affiliate): \_\_\_\_\_

Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

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

Date Request Received (dd/mm/yyyy): \_\_\_\_\_

Date Request Granted (dd/mm/yyyy): \_\_\_\_\_

**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 record the date granted on the form. Health Records staff will record date granted in the Release of Information Meditech log.
5. If complete access request was not granted, please complete Refusal of Access for Personal Health Information Form.
6. If consent is obtained verbally, the staff or professional staff member obtaining consent must print, sign, and date under the "Verbal consent" section.
7. If request is made to Health Records, form to be maintained in the patient's Release of Information file. If patient is a current in-patient or out-patient and request is made to care team, form to be scanned to the patient's health record.