



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: 807-274-4832 Fax: 807-274-2898
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.)

