



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

Witness's Signature Witness's 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