

Peterborough Regional Health Centre
REQUEST TO ACCESS PERSONAL HEALTH RECORD



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.
Please complete Parts A and B of this Form. For information about our privacy protection practices, contact our privacy officer at (705) 743-2121 extension 3856.

PART A: REQUESTOR INFORMATION - Patient Contact Information

_____	_____	_____
Last Name	First Name	Initials

_____	_____	_____	_____
Address: (number, street)	(apt/unit)	(city/town)	(postal code)

_____	_____
Telephone Number (include area code)	Date of Birth (day, month, year)

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

_____	_____	_____
Last Name	First Name	Initials

_____	_____	_____	_____
Address: (number, street)	(apt/unit)	(city/town)	(postal code)

_____	_____
Telephone Number (include area code)	Date of Birth (day, month, year)

NOTE: We require copies of documents (POA for Personal Care or Will) that provide your authority as a substitute decision-maker or executor.

PART B: ACCESS REQUEST

1. In order to help us locate the records, please describe what you need

(i.e. 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

REQUIRED FEES: A non-refundable fee of \$30.00 (includes the first 20 pages) is required plus \$0.25 per additional page is payable upon completion of request and release of the record.

_____	_____	_____
NAME (PRINTED)	SIGNATURE	DATE (DD/MM/YYYY)