

St. Michael's

Inspired Care.
Inspiring Science.

Request for Access to Personal Health Information under the *Personal Health Information Protection Act*

Attention: Health Records Department, Release of Information 30 Bond Street, Toronto, Ontario M5B 1W8
Tel: (416) 864-5213 Fax: (416) 864-5831

Please note: There are administrative fees associated with providing access to health records.

Patient Contact Information:

(Patient Last Name)	(First Name)	(Initial)
(Birth date)	(Street Address)	
(Medical Record Number, if known)	(City, Province)	
(Telephone Number)	(Postal Code)	

Substitute Decision-Maker/Authorized Individual Contact Information (if applicable):

(Substitute Decision Maker Last Name)	(First Name)	(Initial)
(Relationship to Patient)	(Street Address)	
(Telephone Number)	(City, Province)	
	(Postal Code)	

Note: Include copies of documents that demonstrate your authority as a substitute decision-maker.

May we leave a detailed voice message at the phone number provided Yes No

Please describe what you need and include details that will help us locate the record (e.g., dates, name of healthcare provider, etc.). Attach additional pages if required.

(▲ Signature)

(▲ Printed Name)

(▲ Date - DD/MMM/YYYY)

INTERNAL USE ONLY

If an extension to the access request response was required, please indicate:

(▲ Date of Extension)
DD/MMM/YYYY

(▲ Reason for Extension)

(▲ Date Patient Notified)
DD/MMM/YYYY

Processed by:

(▲ Signature)

(▲ Printed Name)

(▲ Date Completed)
DD/MMM/YYYY

Personal Information contained on this form is collected pursuant to the *Freedom of Information and Protection of Privacy Act*, R.S.O 1990, c F.31, and will be used for the purpose of responding to your request under the *Personal Health Information Protection Act*. Questions regarding personal information collection and use should be directed to the Freedom of Information Coordinator, Information Access and Privacy Office, St. Michael's Hospital, at (416) 864-6088 or fippa@smh.ca.

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