

MRN: _____

Form to Request Access To Personal Health Records

Information and Instructions

We will provide you with access to your personal health record, unless a legal exception applies. We review all health record access requests and make every effort to respond to your request in a timely fashion. Please complete Parts 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: 170 Colborne Street W., Orillia, ON, L3V 2Z3

tel: (705) 325-2201, ext.3626 **Fax:** (705) 325-8652 **Email:** privacy@osmh.on.ca

PART A: PATIENT & REQUESTOR INFORMATION

Patient Information

Patient's Last Name

First Name

Middle Initial

Telephone Number

Date of Birth

Mailing Address

If you are the patient's substitute decision-maker, your contact information:

Last Name

First Name

Telephone Number

Relationship to the patient

Note: Include copies of documents that provide your authority as a substitute decision-maker (such as Power of Attorney for Personal Care, Will, Custody paperwork)

