

TEMISKAMING HOSPITAL

421 SHEPHERDSON ROAD NEW LISKEARD ON P0J 1P0
 TEL: 705-647-8121 BUS. LINE: 705-647-1088 FAX (ADMIN): 705-647-5800

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. Part C is for our internal use. For information about our privacy protection practices, contact the Privacy Officer at privacy@temiskaming-hospital.com or call 1-705-647-1088 ext 2518

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
 - Receive electronic copies of originals (please supply storage medium)
 - Examine originals in the facility

 Signature

 Name (print)

 Date

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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