

Personal Health Information Protection Act, 2004 (PHIPA) Making a Request for Access or Correction to Personal Health Information

What is PHIPA?

On November 1, 2004, the Personal Health Information Protection Act, 2004 (PHIPA) came into force. This law:

- Sets out the rules that health care providers, or “health information custodians” must follow when collecting, using and sharing your personal health information.
- Gives you the right to see your health records and correct any mistakes.

How to Make a Request?

All requests to see, have access to, receive a copy of, or correct, personal health information must be submitted in writing to the Director of Care or Administrator.

Access to personal health records will be provided, unless a legal exception applies.

Personal health information will be corrected if it is demonstrated, to our satisfaction, that the record is not correct or complete for the purpose for which we collect, use or disclose the information. Requests for changes only apply to the centre’s own records. We are not permitted to change the records of other health care providers.

Every effort will be made to respond to your request within 30 days of our receipt of the written request. If an extension is required to complete the request, the centre will notify the requestor in writing.

a) Requests for Access:

All written requests for access must include the following information to enable the centre to identify and locate the record with reasonable effort.

- Resident Contact Information: full name and room number
- Resident Date of Birth
- Substitute Decision Maker Contact Information: full name, address and telephone number (if request is made on behalf of resident)
- Copies of documents that demonstrate Power of Attorney or Executor of Will authority
- Time period for which records are requested
- Detailed description of information requested

b) Requests for Correction:

All written requests for correction must include the following information to enable the centre to identify and locate the record with reasonable effort.

- Resident Contact Information: full name and room number
- Resident Date of Birth
- Substitute Decision Maker Contact Information: full name, address and telephone number (if request is made on behalf of resident)
- Copies of documents that demonstrate Power of Attorney or Executor of Will authority
- Time period for which correction is requested
- Summary of requested correction
- Reason(s) for correction

How to Contact the Information and Privacy Commissioner of Ontario?

You have the right to complain to the Information and Privacy Commissioner of Ontario if you think we have violated your rights. The Commissioner can be reached at:

2 Bloor Street East, Suite 1400
Toronto, ON M4W 1A8
Telephone: 416-326-3333 or 1-800-387-0073
Fax: 416-325-9195
www.ipc.on.ca

Request for Access to Personal Health Record

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 you in a timely manner.

An Administration fee of \$30 may be charged for any request to access personal health information. After the first 20-pages, an additional fee of \$0.25 for each page may be charged.

Please complete Parts A and B of this form. Part C is for internal use only.

PART A: CONTACT INFORMATION

Resident Contact Information

Last Name

First Name

Mailing Address

Telephone Number

If you are a Substitute Decision Maker (SDM), your contact information:

Last Name

First Name

Mailing Address

Telephone Number

Note: Please include copies of documents that provide your authority as a Substitute Decision Maker (SDM).

PART B: ACCESS REQUEST

1. Please describe what you need and include details that will help locate the record (e.g. date, name of health care provider, etc.).

2. How would you prefer to access this information? Please check off:

- Receive hard copies or originals
 Receive electronic copies of originals (please supply storage medium)
 Examine originals in the Centre.

Signature(Resident/SDM) Name(Print) Date

PART C: RESPONSE TO ACCESS REQUEST (for internal use only)

1. Information regarding receipt and initial review of request:

Date request was received

2. Information regarding response:

Date response was issued:

- Access request granted
 Access request not granted
 Access request granted in part

If complete access request was not granted, reason for refusing part of the request:
