

Request for Access to Personal Health Information Form - Peel Public Health

Please email the completed form to PublicHealthPrivacy@peelregion.ca.

Date of Request:

Request made by:

Name

Phone Number

Address

Request for Access to Personal Health Information of:

Name

Phone Number

Address

Name of individual to receive a copy of record of personal health information:

Description of Request:

Verification of identity of individual requesting and receiving a copy of the record of personal health information:

- Please attach a copy of two pieces of identification, including address, if requesting access to your own personal health information.

PHIPA Access Request Fees:

[PHIPA section 54\(10\)](#) of the *Personal Health Information Protection Act* authorizes charging fees in connection with requests for access to personal health information.

Please note that an Administration fee of \$30 will be charged for any request to access personal or financial records. This fee includes photocopying or printing up to a maximum of the first 20 pages of the requested information. After the first 20 pages, an additional fee of \$0.25 (includes HST) for each page will be charged. Additional fees may also be charged depending on the type of request to obtain health or financial information (microfilm, compact disc, etc.). Requests must be made in writing. A fee may be waived if there is financial hardship.

In consideration of the Region's disclosure of the Personal Health Records, I agree to fully indemnify and save harmless the Region from and against any and all claims, losses, damages, liabilities or costs which the Region may incur as a result of its reliance upon this Consent.

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Signature of Individual Receiving Copy of Record:

Print Name:

Date:

Witness

Print Name:

Date:

Notice with Respect to the Collection of Personal Health Information

This information is being collected pursuant to the *Health Protection and Promotion Act*, R.S.O. 1990, c.H.7 and will be retained, used, disclosed and disposed of in accordance with all applicable municipal, federal and provincial laws and regulations governing the collection, retention, use, disclosure and disposal of information including the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M.56, and the *Personal Health Information Protection Act*, 2004, S.O. 2004, c.3. This information will be used by Peel Public Health for the purposes of processing PHIPA Access Requests. Any questions regarding this collection may be directed to the Medical Officer of Health, Peel Public Health, 7120 Hurontario Street, PO Box 667 RPO Streetsville, Mississauga, Ontario, L5M 2C2, 905-791-7800.

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