Request to Access Personal Health Information

under the *Personal Health Information Protection Act, 2004*

Your Information:

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Last Name: _____

First Name: _____

Middle Name: _____

Address: (Street/Apt. P.O. Box/R.R. No.)

City/Town: _____

_____

Province: _____

Postal Code: _____

Telephone Number (Day): _____

Telephone Number (Evening): _____

Substitute Decision-Maker Information: *

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Last Name: _____

First Name:_____

Middle Name: _____

Address: (Street/Apt. P.O. Box/R.R. No.)

City/Town: _____

_____

Province:_____

Postal Code: _____

Telephone Number (Day):_____

Telephone Number (Evening): _____

**Please provide documentation to satisfy the health information custodian that you are an authorized substitute decision-maker, if available.*

Please provide a detailed description of the personal health information you are requesting in order to assist in identifying and locating the appropriate record(s).

Preferred method of access to records:	☐ Examine Original ☐ Receive Copy	Signature: _____	Date: _____

For Health Information Custodian Use Only

Date Received:	Request Number:	Comments:
_____	_____	_____

The personal health information contained on this form is collected pursuant to the *Personal Health Information Protection Act*, *2004* ("the Act") and will be used for the purpose of responding to your request pursuant to Section 54 of the Act. Questions about this collection should be directed to the Legislative Services Co-ordinator at County of Oxford, 21 Reeve St., P.O.Box 1614, Woodstock, ON N4S 7Y3 or at 519-539-9800 (ext. 3017) or at clerksoffice@oxfordcounty.ca