



Request to Access Personal Health Information

Name of Health Information Custodian to Whom the Request is being made:

North Simcoe Family Health Team

Requested Information:

Last Name _____ First Name _____ Initials _____

Address _____ Unit _____

City _____ Province _____ Postal Code _____

Telephone _____ Email _____

Substitute Decision-Maker Information:*

Last Name _____ First Name _____ Initials _____

Address _____ Unit _____

City _____ Province _____ Postal Code _____

Telephone _____ Email _____

* Documentation to satisfy that you are an authorized substitute decision-maker is required.

Provide a detailed description of the personal health information you are requesting and details that will assist in locating this information (e.g., dates, name of health care provider, etc.).

Preferred method of access to records: Examine Original Receive a Copy

Copies of health records may be subject to a fee.

The NSFHT uses a shared health database record. The NSFHT will refer your request to the appropriate Health Information Custodian when applicable.

Signature _____ Date _____

Health Information Custodian: _____

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 for access pursuant to section 54 of the Act. Questions about this collection should be directed to the privacy Contact Person at the health information custodian where the request for access is made.

Send completed form to 705-526-1205 or privacy@nsfht.ca