



Complete the form with an **original signature** and mail to:
Health Sciences North
Health Information Services
41 Ramsey Lake Road,
Sudbury, ON P3E 5J1

Information and Instructions – EACH ACCESS REQUIRES A SEPARATE CONSENT

We will provide you with access to your personal health records, 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 Chief Privacy Officer at 705-523-7100.

PART A: PERSON REQUESTING INFORMATION

Last Name: _____ First Name: _____ Initial: _____
Mailing Address: _____
Telephone #: _____ Alternate #: _____ Date of Birth: _____
Hospital Medical Record #: _____ RCP Medical Record #: _____

If you are a substitute decision-maker, your contact information:

Last Name: _____ First Name: _____ Initial: _____
Mailing Address: _____
Telephone #: _____ Alternate #: _____

Note: Copies of documents that provide your authority as substitute decision-maker are required.

PART B: ACCESS REQUEST

1. Please describe what you need and include details that will help us locate the record (i.e.: dates)

2. How would you prefer to access this information? Please check only one

- Receive a hard copy of the records Examine the original records in the facility
 Digital Media Storage

Print Name: _____ Signature: _____ Date: _____

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 to request Date response issued: _____
 Access request granted Access request denied Access request granted in part

If complete access request was denied or granted in part, please specify the reason for the refusal

3. Information regarding an extension required to fulfill the request:

Date of extension: _____ Reason for extension: _____ Date: _____

4. Request was processed by:

Print Name: _____ Signature: _____ Date: _____