

Request to Access Personal Health Information

Under the Personal Health & Protection Act 2004
Municipal Freedom of Information & Protection of Privacy Act



A standard fee of \$30.00 is required for the first 20 pages. Additional fees may apply to requests involving large volumes of records or record searches.

Purpose of Request for Personal Health Information:

- Further medical treatment Other (please explain below)
- Insurance
- Legal

Name of Institution request made to:

Norfolk General Hospital
365 West Street Simcoe, ON
N3Y 1T7
(519) 426-0130 x 1491

To request personal health records:

Last name appearing on records: same as below, or: _____

- Mr. Mrs. Ms. Miss

City/Town

First Name

Province

Postal Code:

Last Name:

Telephone (day)

Middle Name:

Telephone (night)

Please provide detailed description of requested records.

Consent:
I understand the private and confidential nature of this information and agree that it will only be used for the stated purpose(s). This authorization will be valid for 90 days as of the date of signature, unless specified otherwise. I understand that I may withdraw my consent at any time by informing NGH.

Authorization must be signed by the patient or by legally authorized representative.

Signature:

Date:

Name of patient/Substitute Decision Maker

Witness (print name)

Signature:

For Institution 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.