

REQUEST FOR ACCESS TO PERSONAL HEALTH INFORMATION

Affix Patient Label

□SCS □GNG	□WHS □DMH	□PCG □NOTL	
		Cost:	
		Date Released (ddmmyyyy):	
		Hospital Unit No.:	
Information and Instructions We will provide you with access to your personal he record access requests, and will make every effort privacy protection practices, contact NHS Privacy/F	to respond to your requ	uest in a timely fashion. For information about our	
Patient/Client Name:	Date of Birth (ddmmyyyy):		
		Postal Code:	
Home Phone #:	Work Phone #:		
Substitute Decision Maker (SDM) Name:			
	ame and Relationship to		
Address:		Telephone #:	
NOTE: Include copies of documents that provide	your authority as SD	м	
ACCESS REQUEST: Please describe what you need and include details that will help us locate the record			
(i.e. dates, name of healthcare provider etc.)			
(i.e. dates, name of neatific	are provider etc.)	_	
How would you prefer to access this information? □Re	eceive hard copies of c	originals □Examine request originals in the Facility	
Signature:	Date (de	Date (ddmmyyyy):	
Witness Signature:	Date (de	dmmyyyy):	
		-	
Access Request RESPONSE (For IRS Specialist Internal Use Only) Date Request Received (ddmmyyyy) Date Response Issued (ddmmyyyy):			
	ess request not grant		
(copy f	NHS Privacy/FOI Office I mail)		
If access not granted, give reason(s) for refusing requ	•	Privacy/FOI Office. IRS Specialist enter in PHIPA spreadsheet.	
IRS Specialist Staff to complete - Access Request E	Extension notification t	to patient	
If a 30 day extension for access request response is required, mail the patient/SDM a 30 day extension letter:			
	Date of Extension (ddmmyyyy): Date Patient Notified (ddmmyyyy):		
		rauent nouneu (ddminyyyy).	
		Patient Notified (ddfffffyyy).	
Reason for Extension:			
Reason for Extension:			
Processed by:Staff_Signature			

Form 900148 Rev. 01/2008---intranet