



# Request to Access Personal Health Information Form - Patient

under the *Personal Health Information Protection Act, 2004 (PHIPA)*

**Request to Access Personal Health Information:**

Patient  
Legal Guardian

**Request being made to:**

United Counties of Prescott and Russell  
Emergency Services Department  
584 County Road 9, P. O. Box 150, Plantagenet (Ontario) K0B 1L0  
cboudreau@prescott-russell.on.ca

If request is for **access to**, or **correction of**, own personal information records:

Last name appearing on records: same as below, or: \_\_\_\_\_

**Your Information:**

Mr. Mrs. Ms. Miss

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number (Day): \_\_\_\_\_

Telephone Number (Evening): \_\_\_\_\_

**Legal Guardian Information (if applicable):**

**(Please provide documentation to satisfy the Health Information Custodian that you are an authorized Legal Guardian):**

Mr. Mrs. Ms. Miss

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number (Day): \_\_\_\_\_

Telephone Number (Evening): \_\_\_\_\_

Please provide a detailed description of the requested records, personal health information, or personal health information to be corrected, as well as details that will assist in locating this information (e.g. dates, name of Health Care Provider, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** If you are requesting a correction of personal information, please indicate the desired correction, and if appropriate, attach any supporting documentation. You will be notified if the correction is not made, and you may require that a statement of disagreement be attached to your personal information.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Questions can be addressed to: [cboudreau@prescott-russell.on.ca](mailto:cboudreau@prescott-russell.on.ca)**

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.