



## Request to Access Personal Health Information

under the *Personal Health Information Protection Act, 2004*

**Name of Health Information Custodian to whom the request is being made:**

Hôpital Montfort, 713 Montreal Road, Ottawa, Ontario K1K 0T2

**Your Information:**  Mr.  Ms. Date of birth: \_\_\_\_\_

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_ Initials: \_\_\_\_\_

Address: \_\_\_\_\_ Unit: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code : \_\_\_\_\_

Telephone: \_\_\_\_\_ Evening: \_\_\_\_\_

Email address: \_\_\_\_\_

**Substitute decision-maker information\*, if relevant:**

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_ Initials: \_\_\_\_\_

Address: \_\_\_\_\_ Unit: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Evening: \_\_\_\_\_

Email address: \_\_\_\_\_

\*If relevant, please provide documentation that you are an authorized substitute decision-maker.

Please 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.)

**Method of access to records:**  Receive a copy

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (dd/mm/yyyy)

**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 purpose of responding to your request for access pursuant to section 54 of the Act. Questions about this collection should be directed to the Access to Information and Privacy Protection Office, (613) 748-4903.