Access to Information and Privacy Protection Office
713, Montréal Road, Room 00D135, Ottawa, ON K1K 0T2
Tel: (613) 748-4903
Fax: (613) 748-4949
hopitalmonfort.com

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

Your information: Mr. ☐ Ms. ☐ Date of birth (dd/mm/yyyy) : _____

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: _____

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: Secured email ☐ Receive a copy ☐

Signature : _____ Date: (dd/mm/yyyy) _____

The personal health information contained on this form is collected pursuant to the Personal Health Information Protection Act, 2004

For Health Information Custodian use only:

Date received: _____ **Chart number:** _____

("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. Edited Sept 2025