

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: _____

Substitute decision-maker information*, if relevant:

Surname: _____ Given name: _____ Initials: _____

Address: _____ Unit: _____

City: _____ Province: _____ Postal code: _____

Telephone: _____ Evening: _____

*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.)

Preferred method of access to records: ☐ Examine original ☐ 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 Coordinator, (613) 746-4621, ext. 2909.

Edited: March 2022