



ACCESS REQUEST TO PERSONAL HEALTH RECORD

Information and Instructions

All clients have the right to access their health record on request, subject to certain provisions under *Personal Health Information Protection Act, 2004*. We will make every effort to respond to your request within 30 days. Please return completed form to Canadian Mental Health Association Thames Valley Addiction and Mental Health Services at 522 Peel Street, Woodstock, ON N4S 1K3 or by fax at 519- 539-8317. You can also contact us at Privacy@cmhatv.ca

PART A: REQUEST MADE BY:

Client Substitute Decision Maker Lawyer Medical Practitioner Other

NAME

PHONE NUMBER

Mailing Address

Email

Note: Include copies of documents that provide your authority as a substitute decision-maker or signed consent from the individual that you are making the request on their behalf

PART B: NAME OF CLIENT:

NAME

DATE OF BIRTH

Mailing Address

PART C: NAME OF INDIVIDUAL WHO IS TO RECEIVE A COPY OF THE RECORD

NAME

PART C: DESCRIPTION OF REQUEST:

How would you prefer to access this information? Please check off:

Electronic File Transfer (Secure Portal)

Electronic Copy

Signature of Requestor

Name (Print)

Date

Signature of Director or Designate

Name (Print)

Date

Note: The consent is valid for 90 days starting from the signed date.

January 25, 2023