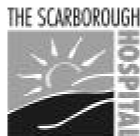

REQUEST ACCESS TO PERSONAL HEALTH RECORD

Patient's Name: ______________________

Date of Birth: ______________________

Address: ______________________

____

Telephone #: ______________________

Unit #: ______________________

PART A: REQUEST FOR INFORMATION

Patient Contact Information

____
Last Name First Name

____
Mailing Address

______________________ ______________________
Telephone Number Date of Birth

If you are a substitute decision-maker, your contact information

____
Last Name First Name

____
Mailing Address

____
Telephone Number

NOTE: Include copies of documents that provide your authority as a substitute decision-maker.

PART B: ACCESS REQUEST

Please describe what you need and include details that will help us locate the record (e.g. dates, name of health care provider, etc.)

____

____

____

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

- ☐ Receive hard copies of originals
- ☐ Receive electronic copies of originals (please supply storage medium)
- ☐ Examine originals in the facility

______________________ ______________________ ______________________
Signature of patient (or legally authorized person) Print Name Date

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PART C: RESPONSE TO ACCESS REQUEST (For Internal Use Only)

Information Regarding Receipt and Initial Review of Request

Date Request Received ______________________ Request Received By ______________________

Date Physician / Health Care Provider Notified ______________________

Information Regarding Response

Date Response Issued ______________________

☐ Access request granted
☐ Access request not granted
☐ Access request granted in part

If complete access request was not granted, reason for refusing the request / part of the request:

____

____

____

☐ Patient notified of refusal of access and rights
☐ Notify the Director, Health Records if access has not been granted

Information Regarding Extension

If an extension to the access request response was required, please indicate:

Date of Extension	Reason for Extension	Date Patient Notified

Processed by:

Signature ______________________ Name (print) ______________________ Title ______________________

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