Request for Access to Personal Health Record Form #4

Part A: Requestor Information

Last Na	ime	First Name	Initials		
Addres	S				
Telepho	one Number	Date of Birth	QA#		
If you a	are a substitute	e decision-maker, your contact information:			
Last Na	ıme	First Name	Initials		
Addres	S				
	one Number	Relation to Patient			
Docum	entation provi	ided to confirm substitute decision-maker authority: Other			
Part E	B: Access Re	equest			
1.	Describe what you need and include details that will help us locate the record (e.g., dates, name of healthcare provider, etc.).				
2.	Reason Inform	mation is requested:			

Medical Records\Medrec\Clerk\Correspondence\Authorizations\Request Access to Personal Health Records Form #4.docx

How woul	• •	ess this information: copies of originals			
0	View originals				
0	Viewing & se				
O					
Patient/SI	OM Signature	Name(print)	Date		
-		equest (For Internal Use			
	est Received:	pt and Initial Review of Reque	sı		
Information Regarding Response					
Date Resp	onse 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 rec					
Information regarding Extension					
If an extension to the access request response was required, please indicate:					
Date of Ex	tension	Reason for Extension	Date Patient Notified		
Dragged	by:				
Processed					
Signature		Name(print)	Date		