

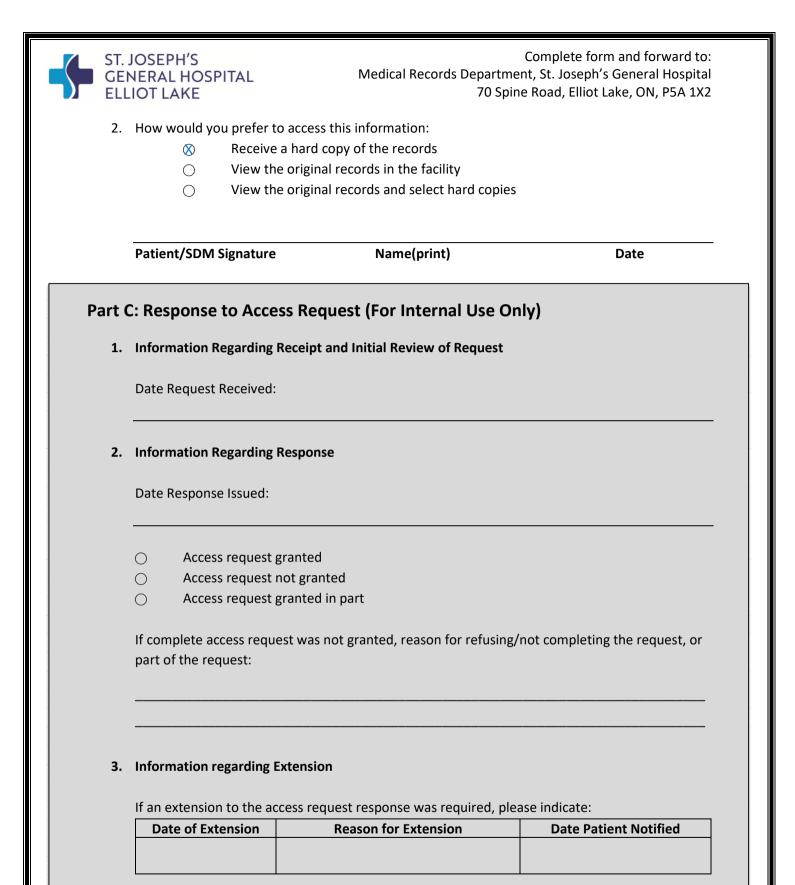
Complete form and forward to: Medical Records Department, St. Joseph's General Hospital 70 Spine Road, Elliot Lake, ON, P5A 1X2

Request for Access to Personal Health Record

Information & Instructions: We will provide you with access to your personal health records unless a legal exception applies. We will review all health records access requests and will make every effort to respond to your request in a timely fashion. Please complete parts A and B of this form. Part C is for our internal use.

Part A: Requestor Information

Last Name	First Name	Initials
Address		
Telephone Number	Date of Birth	QA#
If you are a substitute	e decision-maker, your contact information:	
Last Name	First Name	Initials
Address		
Telephone Number	Relation to Patient	
Documentation provi	ified ided to confirm substitute decision-maker authority:	
⊖Will	○ Power of Attorney ○ Other	
Part B: Access Re	equest	
	t you need and include details that will help us locate the record (e.g., dat provider, etc.).	es, name
	Form #4 REV 12 Request for Access for Personal Health Ir	



4. Request processed by:

Signature	Name(print)	Date	
		Form #4 REV 12 July 2022	
	Request for Acces	s for Personal Health Information	