



Region of Waterloo
PUBLIC HEALTH AND
PARAMEDIC SERVICES

REQUEST TO ACCESS PERSONAL HEALTH RECORD

As per Region of Waterloo Public Health and Paramedic Services Standard Operating Procedure *SOP-PHE-13-180: Access Requests for Personal Health Information*, we will provide you with access to your personal health record, unless a legal exception applies. We will review all health record access requests and make every effort to respond to your request within 30 days.

PART A: REQUESTOR INFORMATION

Client Contact Information:

First Name: _____
 Last Name: _____
 Mailing Address: _____
 Telephone Number: _____
 Date of Birth: _____

If you are a Substitute Decision Maker completing this form on behalf of the client, please provide your contact information:

First Name: _____
 Last Name: _____
 Mailing Address: _____
 Telephone Number: _____
 Relationship to Client: _____

Client Contact Information:

If you are a Substitute Decision Maker completing this form on behalf of the client, please provide your contact information:

Note: Please attach copies of documentation that prove your authority to act 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 service or program, name of healthcare provider, etc.):

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

Receive hard copies of originals

Examine originals at Region of Waterloo Public Health and Paramedic Services

I hereby waive any and all claims against the Staff at Region of Waterloo Public Health and Paramedic Services in connection with the correction of this personal health information.

Client or Substitute Decision Maker Signature: _____

Witness Signature: _____ **Date:** _____

Submitting your Request for Access

Your request can be made to :

Paramedic Services
1001A Erb's Road W.
Waterloo, ON, N2J 3Z4
Or via email to "PSVinfo@regionofwaterloo.ca

PART C: ACCESS REQUEST RESPONSE *(for internal use only)*

See SOP-PHE-13-180 (DOCS 2853468) for instructions

Date request was received by PSV staff: _____

Date request was received by Contact Person: _____

Date of extension: _____

Date client notified: _____

Reason for extension: _____

Names, contact information and comments of any individuals consulted regarding this request

Date accessed: _____

Reason access request was not granted: _____

Access granted

Access not granted

Access granted in part