



Request for Personal Health Information

As per Region of Waterloo Paramedic Services Standard Operating Procedure *SOP 3-1: Release of Personal Health Information*, we will provide you with access to your personal health record, unless a legal exception applies. We will review all requests for information and make every effort to respond to your request within 30 days.

PATIENT INFORMATION

First Name:

Last Name:

Date of Birth:

Mailing Address:

Telephone or Email:

SUBSTITUTE DECISION MAKER (if applicable)

Complete this section only if you are submitting this request on behalf of the patient.

First Name:

Last Name:

Relationship to Client:

Mailing Address:

Telephone or Email:

Note: Please include a copy of documentation that proves your authority to act as patient's substitute Decision Maker. **Requests cannot be processed without proof of authority.**

Signature of Patient or Substitute Decision Maker: _____

Date: _____

Please describe the incident and provide all relevant details to help us identify and retrieve the appropriate Ambulance Call Report. *Examples: date(s), approximate time, location, hospital destination, reason for the call, and any other relevant information:*

SUBMITTING YOUR REQUEST

You may submit the completed form:

In Person: Paramedic Services Headquarters

By Email: PSVinfo@regionofwaterloo.ca

*Preferred formats for electronic submissions: PDF, JPEG/JPG, PNG

By Mail: Region of Waterloo Public Health & Paramedic Services
Paramedic Services Headquarters
1001A Erb's Road, Wilmot, ON N2J 3Z4

RELEASE OF DOCUMENTATION

Our preferred delivery method is in-person pickup at Paramedic Services Headquarters.

At the time of pickup, staff will:

- Verify your identity using government-issued photo ID
- Photocopy the ID for record purposes
- Obtain your signature confirming receipt

Date of Release: _____

Signature of Patient or Substitute Decision Maker (at time of pick-up): _____