

Form 8: Formal Request to Access / Release Personal Health Information

1. You must provide a description of the information you want accessed / released. Please be as specific as possible. A new access request will be required each time.
2. If you are requesting access to another individual's information you must either: i) be that individual's Authorized Representative, or ii) attach a valid consent executed by that individual.
3. If this is your consent and you are requesting the release of your personal information to an authorized representative, please include a photocopy of your license with your signature clearly visible.

Please indicate who you want the information released to:

- Myself, the patient.
- Myself, the guardian authorized representative of the patient
- The third party named below:

Name of person or organization:

Relation:

I, _____ (name) of _____ (city and province of residence) request the following:

What information and / or result are you requesting to be released?

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Patient or Representative's Signature: _____

Name (printed): _____

Witness' Signature: _____

Name (printed): _____

Date: ____ / ____ / 20__