



# Red Lake Margaret Cochenour

## MEMORIAL HOSPITAL

### Request for Access Form

#### Instructions to person making the request:

- Complete this form with as much information as possible.
- We only accept requests from the Patient or someone that the Patient has asked to make the request (i.e., substitute decision maker).
- If we don't know you or are unsure whether the Patient has asked you to make the request, you will need to provide photo identification, and prove that the Patient has allowed you to make the request.
- Ontario law (PHIPA) allows a healthcare provider to charge administrative fees to a person who wants a copy of his or her medical records. We may ask you to pay a fee before giving you a copy of your record.

#### 1. Patient Information

First Name \*

Last Name \*

Contact Information if it is different than the information we have on file\*

#### 2. Person Making the Request (ONLY COMPLETE IF YOU ARE NOT THE <<patient/client>>)

First Name \*

Last Name \*

Relationship to the <<patient/client>>\*

Contact Information

#### 3. Information being Requested



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Which of the following information do you need (please check all that apply)?

All health information from the last

3 months

3 years

6 months

5 years

2 months

All

Some health information (describe what information you would like)

List of people that have viewed your medical record

All of them, or

Some of them:

A certain person : \_\_\_\_\_

People who viewed my medical record in the past:

3 months

3 years

6 months

5 years

12 months

All

List of consent instructions that you have provided and changes you made to them

List of times when someone has overridden your consent instructions

All of them, or

Some of them:

Done by a certain person (provide name and where s/he works): \_\_\_\_\_

Only overrides in the past:

3 months

3 years

6 months

5 years

12 months

All



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## 4. Permission to Leave Voice Mail

If we need to confirm information or contact you, we will call you. May we leave a message if you do not answer the phone?

- Yes you may leave a detailed message
- No you may not leave a detailed message

Provide any instructions about leaving a message (e.g., only on electronic voicemail, not with a person if the phone is answered).

## 6. Signature

Name: \_\_\_\_\_  
(Printed)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## For Office Use Only. Do not complete

## 7. Identity Confirmed

*Do not include identifiers in this section. Indicate whether the identity of the person has been confirmed and that s/he has authority to act on behalf of the Patient if s/he is not the patient.*

## 8. Notes



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