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
☐ 6 months
☐ 2 months
☐ 3 years
☐ 5 years
☐ All

☐ Some health information (describe what information you would like)

☐ List of people that have viewed your medical record <<*Only include this option if your healthcare provider has an Electronic Medical Record* system *that supports providing an audit report*>>

☐ All of them, or

☐ Some of them:

A certain person : _____

People who viewed my medical record in the past:

☐ 3 months
☐ 6 months
☐ 12 months
☐ 3 years
☐ 5 years
☐ All

☐ List of consent instructions that you have provided and changes you made to them <<*The clinic should log when the Patient makes, modifies, or removes a consent instruction. This information should be made available to the Patient on request.* >>

☐ List of times when someone has overridden your consent instructions <<If your EMR supports consent directives, this information might be available as a report from your EMR. If you use paper medical records or your EMR doesn't support it, you should log each time that your

☐ 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
☐ 6 months
☐ 12 months
☐ 3 years
☐ 5 years
☐ All

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