

Personal Health Information Access/Correction Request Form

Instructions:

Submit this form to the Privacy Office at the address below (by email, regular mail or in person) along with a copy of government-issued photo identification (for verification of identity).

Note: Fees may apply to your request. If fees apply, you will be notified in writing and have the option to accept the fees, narrow your request to reduce the fees, or withdraw your request.

If you have any questions or need assistance completing this form, please email publichealth@publichealthgreybruce.on.ca.

<p>Request for:</p> <p>Access to Personal Health Information Correction of Personal Health Information</p>	<p>Attention: Privacy Office Grey Bruce Public Health 101 17th Street East Owen Sound, ON N4K 0A5 Email: publichealth@publichealthgreybruce.on.ca</p>
---	--

First Name:	Last Name:
-------------	------------

Address:			
(Street No./Apt No./P.O. Box/R.R. No.)	City/Town	Province	Postal Code

Telephone (Day):	Email:
------------------	--------

Concerning:	Name of Client:	Same as above/myself
		First Name: Last Name:
		Relationship to Client (e.g., parent):
	Date of Birth:	

Provide a detailed description of the requested personal health information or personal health information to be corrected (e.g., dates, program/service). For correction requests, specify the desired correction and attach any supporting documentation.

Preferred method of access to records:	<p>Electronic</p> <p>Paper</p> <p>Examine Original</p>
---	--

For Grey Bruce Public Health Use Only	
Date Received:	Verification of Identity - Form of ID

The processing time for Personal Health Information requests is 30 days; however, time extensions may be applied where necessary, in accordance with the Personal Health Information Protection Act.

