

Punjabi Community Health Services

Appendix 'A' - Request Form for Access to Personal Health Records

Your Name			
First Name	Last Name	Middle Name	
Your Address			
Street No., Apartment No.:	City/Town	Province	Postal Code
YOUR CONTACT INFORMATION			
Phone Number	Mobile Number	E-Mail Address	
Other Details			
Birth Date (YYYY/MM/DD)		Program you are enrolled in:	
Details of Requested Information			
<p>Information Requested (Please describe the records you are requesting. <i>Be as specific as possible</i>, as this will assist the request process. Attach a separate sheet if the below space is not enough).</p>			
<p>Are you requesting access to another person's personal information? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please attach:</p> <p><input type="checkbox"/> That person's signed consent for disclosure OR</p> <p><input type="checkbox"/> Proof of authority to act on that person's behalf</p>			
<p>Preferred access to records</p> <p><input type="checkbox"/> Examine Original</p> <p><input type="checkbox"/> Receive Copy</p>	<p>Requestor's Signature</p>	<p>Date Signed</p>	
<ul style="list-style-type: none"> You may make a request for access to records without using this form, provided you do so in writing. Personal Information Contained on this form is collected, will be used only for the purpose of responding to your request 			

- **Please submit completed form to your Case Manager/ Worker/staff or at Reception Desk in a sealed envelope addressed to Privacy Officer.**
- **You will receive response in 30 working days.**