Access Request For Personal Health Information

Personal Health Information Protection Act, 2004 (PHIPA)

York Region

SECTION A: PERSONAL HEALTH INFORMATION DETAILS

Type of Request (Select one)

  Access to my own personal health information

  Access to another's personal health information by an authorized party

Department (Select all that apply)

  Public Health

  Paramedic Services

  Seniors Services

  Early Intervention Services

Name of person whose personal health information is being requested

First Name: Last Name:

Date of Birth (yy/mm/dd):   Date Range:

Location and Time of Accident (Ambulance Call Report Request Only):

Description of Information (Please specify details, e.g., program name, document name and date range. For Ambulance Call Reports, please specify incident circumstances):

SECTION B: REQUESTER DETAILS

  I am the individual whose personal health information is being requested

  I am the parent with custody, or a person lawfully entitled to consent on behalf of the individual.
  (Please provide supporting documentation – See FAQ Section 4)

First Name: Last Name:

Street Address: Postal Code: Province:

Phone Number:

Requester's Signature: Date:

SECTION C: CONSENT FOR DISCLOSURE BY ENCRYPTED EMAIL

If you would like the requested information disclosed to you by encrypted email, please review the consent information below and provide an email address to release the information.

- I authorize the Community and Health Services - Privacy Office to release the above noted personal health information by an encrypted email to myself and/or a third party (if applicable)

- I understand there are risks associated with email communication. Sending personal health information by encrypted email does not guarantee complete security, and the information could be inappropriately accessed by others

- I understand that I have the right to withdraw consent at any time by contacting chsprivacy@york.ca. Withdrawal of consent does not have a retroactive effect

- I have been given an opportunity to ask questions related to this consent form and my questions were answered

Email Address:

SECTION D: 3rd PARTY CLOSURE

If you would like the requested information disclosed yourself as well as a third party, please fill out the section below:

I authorize the Community and Health Services Privacy Office to provide records related to this request to:

Name of Person:

Name of organization or relationship to client:

Email Address:

Business Address (if applicable):

Submit Ambulance Call Report requests to:

Email: patients@york.ca

OR

Mail: The Regional Municipality of York
Community and Health Services
Paramedic and Seniors Services – Privacy Office
80 Bales Drive East
Sharon, Ontario L0G 1V0
1-877-464-9675 Ext. 74749

Submit Public Health, Social Services and Senior Services requests to:

Email: chsprivacy@york.ca

OR

Mail: The Regional Municipality of York
Community and Health Services – Privacy Office
17150 Yonge Street – 6th Floor
Newmarket, Ontario L3Y 8V3
1-877-464-9675 Ext. 73007

FAQ

1. How long will it take to receive the requested information?

York Region has 30 calendar days to respond to your request from the date the request and supporting documentation is received.

2. Is there a processing fee?

This service is free of charge for individuals requesting their own information.

Law firms and insurance companies must pay a $30 application fee to initiate the request. If there are no records found, the funds will be returned.

3. I require my records urgently; can I speed up the process?

You may request for your information to be expedited; we will do our best to respond within your required time frame.

4. What supporting documentation do I need to include with my access request form?

Requesting my own information

- A copy of your driver's license or another government issued photo ID

Requesting information on behalf of my child where there is a custody arrangement

- A court order stating the custody arrangements
- A copy of your driver's license or another government issued photo ID

Requesting information on behalf of another individual

- Consent from the individual, or
  - Power of Attorney Documentation (POA). If POA is shared, consent is required from both POAs
  - A copy of your driver's license or another form of government issued photo ID for each POA

Requesting information for a deceased individual

- Estate Trustee documentation in the will or other supporting documentation
- If Estate Trustee status is shared, consent is required from both parties
- A copy of your driver's license or another form of government issued photo ID for all Estate Trustees

Law firms

- The complete access request form or the formal request letter on letterhead
- Consent from client
- $30 application fee payable by cheque to The Regional Municipality of York

5. How will the information be released to me?

Your information may be released to you via encrypted email, courier, or in-person pick-up.

6. Where do I submit an access request?

This form may be submitted by mail or email to the below addresses.

Ambulance Call Report access requests

The Regional Municipality of York
Community and Health Services
Paramedic and Seniors Services – Privacy Office
80 Bales Drive East
Sharon, Ontario L0G 1V0
1-877-464-9675 Ext. 74749
patients@york.ca

Public Health, Social Services and Senior Services access requests

The Regional Municipality of York
Community and Health Services – Privacy Office
17150 Yonge Street – 6th Floor
Newmarket, Ontario L3Y 8V3
1-877-464-9675 Ext. 73007
chsprivacy@york.ca

7. Is there a secure portal I can use to upload my application instead of submitting my information by email?

If you would like to submit your documents by a secure portal, contact us before submitting your documentation and we will assist you.