

ACCESS/CORRECTION REQUEST FOR PERSONAL HEALTH INFORMATION

PERSONAL HEALTH INFORMATION PROTECTION ACT, 2004 (PHIPA)

Type of Request (Select one)		Department (Select all that apply)	
<input type="checkbox"/> Access to my own Personal Health Information <input type="checkbox"/> Access to another's Personal Health Information by an authorized party <input type="checkbox"/> Correction of Personal Health Information		<input type="checkbox"/> Public Health <input type="checkbox"/> Paramedic Services – Ambulance Call Report <input type="checkbox"/> Senior Services <input type="checkbox"/> Early Intervention Services	
Personal Health Information is being requested for:			
First Name:		Last Name:	Date of Birth (dd/mm/yyyy):
Please provide a detailed description of requested personal health information records to be disclosed or corrected by The Regional Municipality of York, along with any supporting documentation, if applicable. If you are requesting an Ambulance Call Report please include the date, time and location of the incident.			
Requester Information:			
<input type="checkbox"/> I am the individual whose personal health information is being requested <input type="checkbox"/> I am the parent with custody, or a person lawfully entitled to consent on behalf of the individual in section 2. (Please provide supporting documentation)			
Requester's First Name:		Requester's Last Name:	
Requester's Address:			
Requester's Email:		Requester's Phone Number:	
Requester's Signature:		Date:	

Submit Requests for Ambulance Call Reports to:

The Regional Municipality of York
 Community and Health Services
 Paramedic and Senior Services
 80 Bales Drive
 Sharon, Ontario L0G 1V0
patients@york.ca
 1-877-464-9675 ext. 74749

Submit all Other Requests to:

The Regional Municipality of York
 Community and Health Services
 Integrated Business Services Branch
 Program Manager, IMAP
 520 Cane Parkway
 Newmarket, ON L3Y 8T5
chsprivacy@york.ca
 1-877-464-9675 ext. 73007

ALERT - During the COVID-19 Pandemic, complaints may be submitted by mail or email to the above noted addresses. During this time we will not be accepting any in-person submissions or pick-ups.

