

ACCESS REQUEST FOR PERSONAL HEALTH INFORMATION

PERSONAL HEALTH INFORMATION PROTECTION ACT, 2004 (PHIPA)

SECTION A: PERSONAL HEALTH INFORMATION DETAILS

Type of Request (Select one)	Department (Select all that apply)
Access to my own Personal Health Information Access to another's Personal Health Information by an authorized party	Public Health Paramedic Services – Ambulance Call Report Senior Services Early Intervention Services

PERSONAL HEALTH INFORMATION IS BEING REQUESTED FOR:

First Name:	Last Name:	Date of Birth (yy/mm/dd):
Date Range (yy/mm/dd to yy/mm/dd):	Location of Accident (for Ambulance Call Report Requests Only)	

Please provide a detailed description of requested personal health information records to be disclosed o by The Regional Municipality of York, along with any supporting documentation, if applicable.

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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: 3rd PARTY DISCLOSURE:

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)

SECTION D: CONSENT FOR DISCLOSURE BY ENCRYPTED EMAIL

If you would like the requested information disclosed to you via. encrypted email, please read the consent and provide an email address for the information to be released to below:

- I authorize the Community and Health Services - Privacy Office to release the above noted personal health information via an encrypted email to yourself and or a third party (if applicable).
- I understand there are risks associated with email communication and that sending personal health information by encrypted email is not guaranteed to completely secure and the information could be inappropriately access 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 retroactive effect.
- I have been provided an opportunity to ask questions related to this consent form and my questions were answered.

Email Address:

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
17150 Yonge Street - 6th floor
Newmarket, ON L3Y 8V3
chsprivacy@york.ca
1-877-464-9675 ext. 73007

ALERT - During the COVID-19 Pandemic, this form 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.



FAQ

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

The 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 clients requesting their own information.

Law firms and insurance companies must pay an application fee of \$30.00 to initiate the request. If there are no records found, the cheque will be returned. A fee estimate will be provided if the request will cost more than the application fee.

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

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

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

Requesting my own information	<ul style="list-style-type: none">✓ A copy of your driver's license or another government issued photo ID.✓ Completed Disclosure Via. Email Form
Requesting on behalf of my child where there is a custody arrangement	<ul style="list-style-type: none">✓ A court order stating the arrangements of custody.✓ A copy of your driver's license or another government issued photo ID.✓ Completed Disclosure Via. Email Form
Requesting information as an authorized Substitute Decision Maker	<ul style="list-style-type: none">✓ Power of Attorney Documentation (POA) – If POA is shared, we will need consent from both POAs.✓ A copy of your driver's license or another form of government issued photo ID for all POAs.✓ Completed Disclosure Via. Email Form
Requesting information for a deceased individual	<ul style="list-style-type: none">✓ Estate Trustee Documentation in the Will, or other supporting documentation.✓ If Estate Trustee status is shared, we will need consent from both parties.✓ A copy of your driver's license or another form of government issued

	<p>photo ID for all Estate Trustees.</p> <p>✓ Completed Disclosure Via. Email Form</p>
Law firms	<p>✓ Formal request letter on letterhead</p> <p>✓ Consent from client</p> <p>✓ \$30.00 application fee payable to The Regional Municipality of York</p> <p>✓ Completed Disclosure Via. Email Form</p>

5. How will the information be released to me?

At this time, we are able to send the information to you through an encrypted email with your consent. During the COVID-19 Pandemic, we are not able to offer any in person pick-ups from our office locations. However, if the file is too large and cannot be sent via encrypted email, we will reach out to make other arrangements.

6. Where do submit my application?

During the COVID-19 Pandemic, this form may be submitted by mail or email to the below noted addresses. During this time, we will not be accepting any in person drop offs.

Submit Requests For Ambulance Call Reports to:

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

Submit all other requests to:

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
 Fax: 905-895-3149

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

At this time, we do not have a portal where you may upload documents. However, if you would like to submit your documents via a secure email, please contact us prior to submitting your request and we may assist you.