

Personal Records- Request for Access, Correction or Complaint Form

Service Coordination for People with Developmental Disabilities is considered a “health information custodian” under the Personal Health Information Protection Act (PHIPA) *Act*. Your request or complaint should be sent to the attention of Service Coordination’s Privacy Officer at privacyofficer@scsottawa.on.ca or by calling 613.748-1788 ext 245.

SECTION 1

1.1 Under the *Personal Health Information Protection Act (PHIPA)*, I am seeking to;

- access my personal health information** (complete section 2.1)
- have a correction made to my personal health information** (complete section 2.2)
- make a complaint about the Health Information Custodian** (complete section 2.3)

1.2 Your Information (the person the request pertains to)

Last name:	First name:
Date of Birth:	
Please check your preferred method of communication and provide details:	
<input type="checkbox"/> Address	
<input type="checkbox"/> Telephone # (daytime):	<input type="checkbox"/> Telephone # (evening):
<input type="checkbox"/> Email Address:	
<input type="checkbox"/> * I consent to being contacted at this email address.	

1.3 Substitute Decision Maker Information or Consent Source *

<input type="checkbox"/> Last name:	First name:
Please check your preferred method of communication and provide details:	
<input type="checkbox"/> Address	
<input type="checkbox"/> Telephone # (daytime):	<input type="checkbox"/> Telephone # (evening):
<input type="checkbox"/> Email Address:	
* Please provide documentation to satisfy the health information custodian that you are an authorized substitute decision-maker or consent source for the person, if available.	

SECTION 2

2.2 Details of Information to be Accessed - Please provide a detailed description of the personal health information you are requesting to view and details that will assist in locating this information.

2.2 Details of Information to be Corrected

Please provide a detailed description of the personal health information to which you have been granted access which requires correcting. Include the reasons that the personal health information is incomplete or inaccurate and the details required to make the correction:

2.3 Details of Client Access/Correction Complaint- If this is a complaint regarding your access to your personal health information or a correction, please select the box(es) that explain why the complaint is being made:

Deemed Refusal- *It has been more than 30 days since I made my request and I have not received notice.*

Expedited Access- *The health information custodian refused my request to process my access request on an urgent basis of less than 30 days.*

Time Extension- *The health information custodian decided to extend the time limit for responding to my request, and I disagree.*

Reasonable Search- *The health information custodian indicated that some or all of the*

requested records do not exist and I believe that more records do exist.

Refusal to Confirm or Deny- *The health information custodian has refused to confirm or deny the existence of the requested records.*

Failure to Disclose Records- *The health information custodian decided to grant access to requested records but I have not received them.*

Exemptions- *The health information custodian has exempted all or part of the requested records and I believe that more of them should be disclosed.*

Interim Decision- *Because of the number of records at issue, the health information custodian reviewed a sample of the records or consulted an experienced employee, advised me of the exemptions that might apply, and provided me with a fee estimate. I disagree with the amount of the fee estimate.*

Fee/Fee Estimate- *The health information custodian sent me an access decision that included a fee or fee estimate that I feel is excessive.*

Fee Waiver- *The health information custodian has refused to grant my request to waive the fees.*

No Jurisdiction- *The health information custodian indicated that the requested records are excluded from the Act and I disagree.*

Frivolous or Vexatious- *The health information custodian indicated my request is frivolous or vexatious and I disagree.*

Correction- *The health information custodian has refused to make corrections to my personal health information.*

Other- Please explain:

For SCS use only

Date received: _____

Date of scheduled Chart Access/Review: _____

Comments: