

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. Individuals have the right to access the personal information contained in their record, and to have this information corrected or amended. Please note that SCS must correct an incomplete or inaccurate record, but is not required to change professional opinions or correct records not created by SCS. Individuals also have the right to change or remove their consent.

Service Coordination permits the reasonable right of access and review of personal information collected about an individual, whether staff or client, and will endeavour to provide the information in question within a reasonable time frame, generally no later than 30 days following the request. Where information will not or cannot be disclosed within the 30 days or at all, the individual making the request will be provided with the reasons for non-disclosure.

Service Coordination cannot charge individuals who request verification or corrections to their information, however, there will be a minimal charge imposed if copies of records are requested. SCS must provide an estimate for any anticipated charge of \$25 or more. To accommodate individuals, SCS is prepared to waive the first \$100 of fees. A more detailed list of fees can be found in our [Privacy and Confidentiality policy and procedure](#).

Please send all requests or complaints to the attention of Service Coordination’s Privacy Officer at Privacy@scsottawa.on.ca by calling 613.748-1788 ext 245. Individuals have the right to file a complaint to the IPC if his or her correction request to SCS is denied.

I accept the terms and conditions

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)

Date of Request: _____
(DD/MM/YY)

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:

Address

Telephone # (daytime):

Telephone # (evening):

Email Address:

* I consent to being contacted at this email address.

1.3 Substitute Decision Maker Information or Consent Source *

Last name:

First name:

Please check your preferred method of communication and provide details:

Address

Telephone # (daytime):

Telephone # (evening):

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

2.1 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:

Signature : _____ **Date:** _____
(DD/MM/YY)

For SCS use only

Date received:

Date of scheduled file access/review:

Comments: