camh
Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

D0636A

Client/Patient ID Label

REQUEST FOR ACCESS TO A RECORD OF PERSONAL HEALTH INFORMATION

Client/Patient Name:_____ Health Record #:_____
(Last Name, First Name)

Unit/Clinic/Service:_____

I_____ request to access the personal health information from the records of:
Print Full Name

_____ _____ _____
Print Client/Patient's Name | Date of Birth (dd/mm/yyyy) | Telephone Number

_____
Street Address | City | Province | Postal Code

Can CAMH leave a message at the telephone number listed above? ☐ Yes ☐ No

Additional Instructions:_____

_____

_____ _____
Witness Signature | Client/Patient Signature

_____ _____
Print Witness Name | (if other than Client/Patient, Print Name and State Relationship)

Date: _____
(dd/mm/yyyy)

PLEASE NOTE:
Should any of the above contact information change, it is the responsibility of the requestor to inform the Health Records Department of the change.

You have the right to access your personal health information at CAMH, unless a legal exception applies under the *Personal Health Information Protection Act, 2004*.

An administrative fee will be applied to cover photocopying and related costs.

All requests for access to a record of personal health information must be submitted through the Health Records Department. CAMH has 30 days to respond to your initial request for access. In some circumstances we may need another 30-day extension (you will be notified if we need more time).

For more information about your rights to access your personal health information, please ask our Health Records department, Release of Information.

FOR INTERNAL USE BY HEALTH RECORDS ONLY

Request Received: _____
(dd/mm/yyyy)

Request Received by: _____ _____
Print Name (last name, first name) | Signature

☐ Copy of Identification Provided (Photocopy Attached)

☐ Request Made for Copy of Personal Health Information ☐ Copy Provided _____
Requestor Notified of Request Result: ☐ Telephone ☐ Letter (dd/mm/yyyy)

(Attach additional information as necessary)