Hôpital Notre-Dame Hospital (Hearst) Sac Postal Bag 8000 Hearst ON POL 1N0

HEARS

REQUEST ACCESS TO PERSONAL HEALTH RECORD

Information and Instructions

Hospital fees:

We will provide you with access to your personal health record, unless a legal exception applies. We will review all health record access requests, and will make every effort to respond to your request in a timely fashion. Please complete Parts A and B of this Form. For information about our privacy protection practices, contact Sylvie Camiré at 705-372-2958. We will be contacting you for more information if needed and/or when the documents are ready.

PART A: PATIENT INFORM Last Name	First Name		
Last Name	First Name		initiais
Mailing Address			
Telephone Number	Date of Birth		
f you are a substitute decision-ma	ker (SDM), your contact inform	ation:	
Last Name	First Name		Initials
Mailing Address		Telephone Nu	mber
Note: Include conies of documen	ts that provide your authority	as a substitute decision-ma	aker.
PART B: ACCESS REQUES 1. Please describe what you in healthcare provider, specifications.	<u>-</u>	ncy visits, laboratory, x-rays,	, 0
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PART B: ACCESS REQUES 1. Please describe what you in healthcare provider, specify procument(s) Required: 2. How would you prefer to a large Receive hard copies of or large Diagnostic Imaging Lexamine originals in the	reed and include details that varie reason for visit – i.e. emerger ccess this information with coriginals – \$30 includes 20 c - \$30 initial fee + facility – \$30 for 15 minus of birth, etc. – \$30 for certificat	Date of Visit(s): St as per established fees? I opies; then 25¢ per copy, mi \$10 per CD tes (includes 20 copies);	etc.). Please check off:
PART B: ACCESS REQUES 1. Please describe what you in healthcare provider, specific Document(s) Required: 2. How would you prefer to a large Receive hard copies of or large Diagnostic Imaging Lexamine originals in the Dates certification, date of the large Part o	reed and include details that varie reason for visit – i.e. emerger ccess this information with coriginals – \$30 includes 20 c - \$30 initial fee + facility – \$30 for 15 minus of birth, etc. – \$30 for certificat	Date of Visit(s): St as per established fees? I opies; then 25¢ per copy, mi \$10 per CD tes (includes 20 copies);	etc.). Please check off:

Chart Number: