



Client/Patient ID Label

REQUEST FOR ACCESS TO A RECORD OF PERSONAL HEALTH INFORMATION

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. CAMH has 30 days to respond to your request for access. In some circumstances, we may need an extension of another 30 days, and you will be notified.

Client/Patient Name: _____
Print Full Name

Date of Birth (dd/mm/yyyy) OHIP/ Health Card Number Phone Number

Street Address City/ Town Province Postal Code

Requested records: Entire chart Specific Documentation: _____

Please note that the information below will be used to deliver the requested client/patient's health records. Indicate your preferred method of delivery:

- Electronic (Secure File Transfer) to _____
Email
- Paper Copies In person pickup
- Mail to address above
- Mail to: _____

If CAMH needs to contact you regarding this request, the preferred method of communication is:

- By email to the email address listed above.
- By telephone To the number listed above
- Other: _____

Can CAMH leave a voicemail message to the preferred telephone number? Yes No

Authorization:

Under PHIPA, authorization must be signed by the client/patient, the substitute decision maker or guardian. If the person signing is not the client/patient, state relationship and authority to do so.

Signature: _____ Date: _____
(dd/mm/yyyy)

If other than the client/patient print name and relationship: _____

All requests for access to a record of personal health information must be submitted through the Health Records Department. Please include a copy of a piece of government-issued photo identification (e.g. health card, driver's license, passport, or permanent resident card) with your form.

By fax: 416-979-6934

By mail: Health Records Department, 100 Stokes St., Toronto, ON M6J 1H4

By email: Health.Records@camh.ca Please note that in choosing to submit the request by email you acknowledge that this is not a secure method of transmission.

For more information please contact Release of Information at 416-535-8501 ex. 32318.