MAPLETON
HEALTH CENTRE

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FORM TO REQUEST ACCESS TO PERSONAL HEALTH INFORMATION

Information and Instructions

- 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
- If requesting a copy of your entire medical record it will be produced on a CD in an encrypted PDF file. The password will be provided in a separate document.

PART A: REQUESTOR INFORMATION

Patient Contact Information:

_____ _____ _____
Last Name First Name Initial

_____
Mailing Address

_____ _____
Telephone Number Date of Birth

- If you are a substitute decision-maker, your contact information:

_____ _____ _____
Last Name First Name Initial

_____
Mailing Address

_____
Telephone Number

PART B: ACCESS REQUEST

1. Please describe what you need and include details that will help us locate the record (e.g. dates, name of healthcare provider, etc.)

   _____
   _____
   _____

2. How would you prefer to access this information? Please check off:

   ☐ Receive hard copies of originals
   ☐ Examine originals in the facility

_____ _____ _____
Signature Name (Print) Date (MM/DD/YYYY)