

Electronic Health Record Request for Access and Correction Form

Overview

This form is to be used to request access and/or correction to personal health information (PHI) in the electronic health record (EHR). You can make a request if you are the individual to whom the record relates or if you are the individual's substitute decision maker (SDM) (i.e., a person who is authorized under the *Personal Health Information Protection Act, 2004* (PHIPA) to consent on behalf of the individual to the collection, use or disclosure of personal health information about the individual). An access and/or correction request made by an SDM must include documentation as proof of authority. For more information, see **Additional Instructions for a Substitute Decision-Maker** (page 5&6).

Instructions

1. Complete the required (*) fields.
2. Submit the completed form with supporting documentation to:
 - a) Online: <https://consentform.ontariohealth.ca/>
 - b) Mail: Ontario Health - Privacy Office
500 - 525 University Ave
Toronto, ON
M5G 2L3
 - c) Fax: 416-586-4397 or 1-866-831-0107

Do not use email to submit this form to ensure security of personal health information. Requests submitted via email will be declined and deleted, and the requestor will be asked to resubmit the request by mail, fax or online portal.

Questions

Questions about this form and how to complete it should be directed to Ontario Health's Privacy Office as follows:

- **Phone:** 416-946-4767 or 1-888-411-7742
- **Email:** OH-DS_privacy@ontariohealth.ca

Note: Do not include any personal health information in your email (e.g., health card number or medical history).

- **Mail & Fax:** as noted above

Further information is also available on our website:

<https://ehealthontario.on.ca/en/patients-and-families/accessing-your-ehr>

PLEASE COMPLETE THE REQUIRED (*) FIELDS

TYPE OF REQUEST (select one):

- ACCESS/CORRECTION REQUEST FOR MY OWN PERSONAL HEALTH INFORMATION
- ACCESS/CORRECTION REQUEST BY A SUBSTITUTE DECISION MAKER AUTHORIZED TO CONSENT ON BEHALF OF ANOTHER INDIVIDUAL
- ACCESS/CORRECTION REQUEST BY AN AUTHORIZED LEGAL REPRESENTATIVE ON BEHALF OF A CLIENT REGARDING THE INDIVIDUAL'S PERSONAL HEALTH INFORMATION. SIGNED AUTHORIZATION REQUIRED

SECTION 1: REQUESTER'S INFORMATION

(TO BE COMPLETED BY PERSON MAKING THE REQUEST). If you are submitting this request as a substitute decision-maker on behalf of another individual, please see **ADDITIONAL INSTRUCTIONS FOR A SUBSTITUTE DECISION MAKER** (page 5&6) for required supporting documentation.

*FIRST NAME		*LAST NAME	
*MAILING ADDRESS:			
STREET NO.	STREET NAME	UNIT NO.	
CITY	PROVINCE	POSTAL CODE	
*PLEASE INDICATE YOUR PREFERRED METHOD OF COMMUNICATION IF FOLLOW UP IS REQUIRED:			
<input type="checkbox"/> TELEPHONE <input type="checkbox"/> EMAIL	PHONE NUMBER:		
	EMAIL ADDRESS:		

SECTION 2: INDIVIDUAL WHOSE PHI IS BEING REQUESTED (FOR ACCESS AND/OR CORRECTION)

*FIRST NAME:	* LAST NAME:	*Date of Birth: YYYY/MM/DD
*PROVIDE ONE OF THE FOLLOWING:		
<input type="checkbox"/> ONTARIO HEALTH CARD NUMBER: _____		
<input type="checkbox"/> MEDICAL RECORD NUMBER(MRN): _____		
and ORGANIZATION THAT ISSUED THE MRN: _____		
<input type="checkbox"/> CLIENT HEALTH AND RELATED INFORMATION SYSTEM (CHRIS) CLIENT NUMBER: _____		
*MAILING ADDRESS: <input type="checkbox"/> ADDRESS SAME AS ABOVE		
STREET NO.	STREET NAME	UNIT NO.
CITY	PROVINCE	POSTAL CODE

SECTION 3: RECORDS OF PERSONAL HEALTH INFORMATION TO WHICH ACCESS IS REQUESTED

<p>Acute and Community Care Clinical Data Repository (acCDR) Patient demographics, emergency department reports, consultation reports, discharge summaries, cardiovascular results, mental health reports, as well as home and community care records including long-term care placement details, risk assessments, and care plans. Source of records: hospitals and home and community care organizations.</p>	<p>Personal health information contained in acCDR between the time periods specified below: From YYYY/MM/DD To YYYY/MM/DD</p>
<p>Diagnostic Imaging Common Services Repository (DI CS) Diagnostic imaging reports and images such as X-ray, CT Scan, MRI, ultrasound and others. Source of records: hospitals and integrated community health service centres.</p>	<p>Personal health information contained in DI CS between the time periods specified below: From YYYY/MM/DD To YYYY/MM/DD</p>

Ontario Health (Digital Services) facilitates access requests for information contained in the EHR from 2014 to present. For more information on what is in the EHR please visit: <https://ehealthontario.on.ca/en/patients-and-families/ehrs-explained>

SECTION 4: RECORDS OF PERSONAL HEALTH INFORMATION FOR WHICH A CORRECTION IS REQUESTED (SKIP IF REQUEST IS RELATED TO ACCESS ONLY)

PHIPA requires that a correction request be made based on records that were received through an access request. Please identify the name of the Health Information Custodian that created the record, provided access and time period related to the records.

<p>Acute and Community Care Clinical Data Repository (acCDR) Patient demographics, emergency department reports, consultation reports, discharge summaries, cardiovascular results, mental health reports, as well as home and community care records including long-term care placement details, risk assessments, and care plans. Source of records: hospitals and home and community care organizations.</p>	<p>Name of Health Information Custodian: From YYYY/MM/DD To YYYY/MM/DD OR Date of visit: YYYY/MM/DD</p>
<p>Diagnostic Imaging Common Services Repository (DI CS) Diagnostic imaging reports and images such as X-ray, CT Scan, MRI and ultrasound. Source of records: hospitals and integrated community health service centres.</p>	<p>Name of Health Information Custodian: From YYYY/MM/DD To YYYY/MM/DD OR Date of visit: YYYY/MM/DD</p>

SECTION 5: ONTARIO HEALTH DOES NOT INTAKE ACCESS AND CORRECTION REQUESTS RELATED TO THE FOLLOWING REPOSITORIES.

<p>Primary Care Clinical Data Repository (pcCDR) Patient demographics, medication summary, allergies and intolerances, problem list, immunizations, history of procedures, past history of illness, and other care details. Contributed by Primary care providers such as general practitioners or family physicians, nurse practitioners.</p>	<p>Contact the primary care provider directly. For more information about former pcCDR contributors please contact OH-DS Privacy Office - 416-946-4767 or OH-DS_privacy@ontariohealth.ca</p>
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<p>Ontario Laboratories Information System (OLIS) Lab test requisitions and results for biochemistry, hematology, pathology, blood bank, microbiology, and genetics testing. Contributed by Ministry of Health, hospitals, community labs, and public health labs.</p>	<p>Contact: Freedom of Information & Privacy Coordinator, Access and Privacy Office, Ministry of Health, 99 Adesso Drive, 1st floor Concord, ON, L4K 3C7 Telephone: 416-327-7040, Email: generalapo@ontario.ca</p>
<p>Digital Health Drug Repository (DHDR) Records of medications prepared and pharmacy services provided at community pharmacies and medications administered at hospitals. Contributed by the Ministry of Health, community pharmacies and hospitals.</p>	<p>For Access requests, contact Service Ontario INFOLine, Telephone: 1-800-291-1405 TTY 1-800-387-5559</p> <p>For Correction requests, contact Drug Programs Delivery Branch, Ontario Public Drugs Program Division 5700 Yonge Street 3rd Floor Toronto, ON M2M 4K5</p> <p>The written request should include at a minimum:</p> <ul style="list-style-type: none"> • Name and address, phone number • Date of birth • Health card number • Signature <p>What information needs to be corrected and the specific date range required to be corrected.</p>

SECTION 6: AUTHORITY TO MAKE THE REQUEST

I,

(Last Name, First Name of requestor)

have the legal authority to make this request as I am (please select **one** of the following options):

the individual whose PHI is being requested identified

the Substitute Decision Maker for the individual whose PHI is being requested

the estate trustee or person who has assumed responsibility for the administration of the estate for the individual whose PHI is being requested

the authorized legal representative for the individual whose PHI is being requested

SECTION 7: SIGNATURE OF REQUESTER OR LEGAL REPRESENTATIVE

I certify that the information given on this form and in any documents submitted as part of this request is correct and complete and I understand that making a false assertion is an offence under PHIPA.

<p>*FIRST AND LAST NAME OF PERSON SUBMITTING THE REQUEST (PRINT):</p>	<p>*DATE: YYYY/MM/DD</p>
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* SIGNATURE:

Additional Instructions for a Substitute Decision-Maker

A substitute decision-maker is someone who is authorized under the *Personal Health Information Protection Act, 2004* to consent on behalf of an individual to the collection, use or disclosure of personal health information about the individual.

Before submitting a request as a substitute decision-maker on behalf of an individual, review the information below to ensure you are authorized. **If you submit a request as a substitute decision-maker, you must include supporting documentation.**

1. **If the individual is incapable of consenting**, a person* described in one of the following paragraphs may consent on behalf of the individual:
 1. The individual's guardian of the person or guardian of property, if the consent relates to the guardian's authority to make a decision on behalf of the individual.
 2. The individual's attorney for personal care or attorney for property, if the consent relates to the attorney's authority to make a decision on behalf of the individual.
 3. The individual's representative appointed by the Board under section 27, if the representative has authority to give the consent.
 4. The individual's spouse or partner.
 5. A child or parent of the individual, or a children's aid society or other person who is lawfully entitled to give or refuse consent in the place of the parent. This paragraph does not include a parent who has only a right of access to the individual. If a children's aid society or other person is lawfully entitled to consent in the place of the parent, this paragraph does not include the parent.
 6. A parent of the individual with only a right of access to the individual.
 7. A brother or sister of the individual.
 8. Any other relative of the individual.

*The person may consent only if they are the highest ranked person on the list, capable of consenting, are at least 16 years old (or the parent of the individual), are not prohibited by court order or separation agreement, and are available and willing to assume the responsibility.

Supporting documentation:

- A copy of a legal document demonstrating the substitute decision-maker has authority to consent on behalf of the individual (e.g., Power of Attorney for Personal Care; custody or guardianship documentation), **OR**
- For a child under 16 years of age: a copy of the individual's birth certificate with signatures from both parents appearing in the birth certificate of the patient **and** identification of both parents from a federal, territorial, provincial, municipal, or state authority, **OR**
- If the above are not applicable, a letter from a health information custodian/health care organization that confirms the substitute decision-maker is authorized to consent on behalf of the individual

2. **If the individual is capable of consenting** and is at least 16 years of age, the individual may authorize (in writing) another person (who is at least 16 years of age and is capable of consenting) to act on their behalf.

Supporting documentation:

- Signed letter from the individual indicating the substitute decision-maker has the authority to consent on behalf of the individual **and** a copy of the individual's student card or identification from a federal, territorial, provincial, municipal or state authority

3. **If the individual is less than 16 years of age**, a parent* of the child or a children's aid society or other person who is lawfully entitled to give or refuse consent in the place of the parent unless the information relates to,
- a. Treatment within the meaning of the *Health Care Consent Act, 1996*, about which the child has made a decision on their own in accordance with that Act, or
 - b. Counselling in which the child has participated on their own under the *Child, Youth and Family Services Act, 2017*.

Exception: If the individual is a child who is less than 16 years of age and is capable of consenting, and makes a decision about their personal health information that conflicts with the parent, or other legally authorized person's decision, the child's decision prevails.

*A parent does not include a parent who has only a right of access to the child.

Supporting documentation:

- A copy of the individual's birth certificate, **and** identification (from a federal, territorial, provincial, municipal, or state authority) of both parents who are listed on the birth certificate, **and** the request form must be signed by both parents, **OR**
- A copy of a legal document demonstrating the substitute decision-maker has authority to consent on behalf of the individual (e.g., custody or guardianship documentation)

4. **If the individual is deceased**, the deceased's estate trustee or the person who has assumed responsibility for the administration of the deceased's estate, if the estate does not have an estate trustee.

Supporting documentation:

- A copy of the individual's Will and Testament naming the requestor as estate trustee, **OR**
- A copy of a Certificate of Appointment (or a court order with equivalent authority), **OR**
- Documentation confirming the person who has assumed responsibility for the administration of the deceased's estate, if the estate does not have an estate trustee

5. **A person whom an Act of Ontario or Canada authorizes or requires to act on behalf of the individual** (whether the individual is capable or incapable).

Supporting documentation:

- A copy of a legal document demonstrating the substitute decision-maker has authority to consent on behalf of the individual

Note: submit copies of the required supporting documentation. Do not submit originals as supporting documentation is not returned to the requestor.

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca.
Document disponible en français en contactant info@ontariohealth.ca