



# Request to Access Personal Health Information

*under the Personal Health Information Protection Act (PHIPA)*

Brock University  
1812 Sir Issac Brock Way  
St. Catharines, ON  
L2S 3A1 Canada  
T 905 688 5550

## Request to Brock University Health Care Provider

## Preferred method of access to records

<input type="checkbox"/> Student Health Services <input type="checkbox"/> Personal Counselling <input type="checkbox"/> Brock Sports Medicine Clinic	<input type="checkbox"/> Receive copy <input type="checkbox"/> Examine original
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## Requester's Contact Information

Last Name		First Name	Initials
Address		City/Town	
Province		Postal Code	
Home phone #:	Business/Mobile Phone #:	Email address:	

## Substitute Decision-Maker Information \*

Last Name		First Name	Initials
Address		City/Town	
Province		Postal Code	
Home phone #:	Business/Mobile Phone #:	Email address:	

\*Please provide documentation to satisfy the Health Care Provider that you are an authorized substitute decision-maker, if available.

## Details of Information Requested

Detailed description of the personal health information you are requesting and details that will assist in locating this information (e.g. dates).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Health Care Provider Use Only**

Date Received \_\_\_\_\_ Request Number \_\_\_\_\_ Comments \_\_\_\_\_

The personal information contained on this form is collected pursuant to the PHIPA and will be used for the purpose of responding to your request for access pursuant to section 54 of the Act. Questions about this collection should be directed to the Health Care Provider's Contact Person at Brock University. See University Secretariat webpage: [brocku.ca/university-secretariat/fippa/personal-health-information/](http://brocku.ca/university-secretariat/fippa/personal-health-information/).