



Request for Access/Correction(s) to Personal Health Information (ON & BC)

FORM INSTRUCTIONS:

- **ACCESS REQUEST FILL OUT SECTION A**
Access Fees (ON Only): Customer Service Centre Representative will contact you to provide you with the associated fee estimate
- **CORRECTIONS REQUEST FILL OUT SECTION B**
- **Please attach a copy of photo ID (with signature) when mailing back request form**

If you have any questions concerning this form, please contact our Privacy Office at: 1-844-783-6677

SECTION A:

REQUEST FOR ACCESS TO PERSONAL HEALTH INFORMATION

Client Information (please print clearly)

Name: _____ Health Card Number: _____

Date of Birth: _____ Phone Number: (____) _____ - _____

Address: _____

Signature: _____ Date: _____

DESCRIBE THE HEALTH INFORMATION YOU WANT ACCESS TO

Please describe your personal health information you are requesting to receive hardcopies of including dates of service:

Date(s) of Service: _____
DD/MM/YYYY

SECTION B:

REQUEST FOR CORRECTION(S) TO PERSONAL HEALTH INFORMATION

Client Information (please print clearly)

Name: _____ Health Card Number: _____

Date of Birth: _____ Phone Number: (____) _____ - _____

Address: _____

Signature: _____ Date: _____

Please describe what you want corrected and include date(s) of service

Authorized Representative (if applicable)

If you are signing on behalf of the client, please state your relationship:

I _____, am
Name of Representative (print clearly)

Relationship to the client: _____

Signature: _____

Date: _____
DD/MM/YYYY

PLEASE MAIL THE COMPLETED FORM TO:

Ontario (Access Requests)	Ontario (Correction Requests)	British Columbia (All Requests)
Customer Care Centre - KRL 6560 Kennedy Road Mississauga, ON L5T 2X4	Privacy Office 100 International Blvd. Toronto, ON M9W 6J6	Admin. Support – VRL 3201-4464 Markham St Victoria, BC V8Z 7X8