

REQUEST FOR ACCESS TO OFC HEALTH RECORDS (INTERNAL)

The Ontario Personal Health Information Protection Act, 2004 (PHIPA)

The patient or his/her Authorized Representative must complete this form prior to the Ottawa Fertility Centre (OFC) releasing any Patient Health Information (PHI)

Please return this completed form by email to accessrecords@conceive.ca

SECTION A: Patient Information			
First Name:		Last Name:	
Address:	City:	Province:	Postal Code:
Date of Birth:		Contact Number:	
Email Address:			

SECTION B: Please provide a detailed description of the health information you are requesting and details that would assist in locating this information e.g.; dates and healthcare provider (Fees might apply)
Date Range: <input type="checkbox"/> Test Results: <input type="checkbox"/> Other:

SECTION C: Authorized Representative (Only required when asking on behalf of another)
If you are signing on behalf of the patient named in section A, please choose one of the options below and provide a copy of supporting documents if applicable.
<input type="checkbox"/> Interpreter for the patient – Relation to the patient: <input type="checkbox"/> Parent / Guardian for patients under 18 years of age – Relation to the patient: <input type="checkbox"/> Representative and/ or Power of Attorney of a deceased patient – Relation to the patient:

SECTION D: Release Records to (Specify where to send records)
<input type="checkbox"/> Myself <input type="checkbox"/> Family Doctor <input type="checkbox"/> Other:

SECTION E: Consent for Release		
I authorize OFC to release the health information described above to myself or the authorized representative identified above. I understand I may revoke this consent at any time.		
Printed name of the person giving consent:	Signature:	Date:

The information in this consent, including its attachment, are intended for the exclusive use of the recipient and contains confidential or privileged information. If you are not the intended recipient, you are strictly prohibited from reading, using, disclosing, copying, or distributing this letter or any of its contents. If you received this information in error or if you are the intended and there is inaccurate information, immediately notify the **Privacy Officer: Privacy@conceive.ca**

FOR OFFICE USE ONLY (Requested information must be available within 30 days of receiving this form)		
Fee Amount:	Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	OFC Rep. Sign & date:
Date Information released:		OFC Rep. Sign & Date: