



Personal Health Information and Protection Act (PHIPA) - Access/Correction Form

Please Note: This form constitutes a formal application to access or correct your own personal health information. Prior to completing this form, you are encouraged to contact the appropriate City department to request access to or correction of your own personal health information through the informal access/correction process.

Your access/correction request will be processed in accordance with the time limits set out in the *Personal Health Information Protection Act, 2004*. The time limit to respond to your inquiry will begin from the date this form is received by the City of Ottawa.

Fees: Photocopies and Computer Printouts.....	\$0.20 per page
Electronic Copy (if available).....	\$10.00 per disk
Programming Required to Produce a Record from a Machine Readable Record.....	\$15.00/15 minutes/person
Additional Costs.....	Cost of invoices

Part A: To be completed in full by Requester

- Access to Own Personal Health Information
- Correction of Own Personal Health Information

Directed to:
 City of Ottawa
 Access to Information & Privacy Office
 110 Laurier Avenue West
 Ottawa, Ontario, K1P 1J1 Mail Code : 01-98

Please provide any previous last names if the last name appearing on the personal health information records is not the same as below.

Requester Information

Last Name	First Name	Middle Name
Address	City	Province
Postal Code	Telephone Number (Day)	Telephone Number (Evening)
Email		

Detailed description of requested personal health information records or correction of personal health information: (If request is for correction of personal health information, please indicate the desired correction and attach any supporting documentation)

Preferred method of access to records: <input type="checkbox"/> Receive Copy <input type="checkbox"/> Examine Original (on-site only)	Signature of Requester:	Date:		
		Day	Month	Year

PART B – For Office Use Only

Date Request Received Day Month Year	Request received by: (Please print name) Signature:
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Personal information contained on this form is collected under section 53 of the *Personal Health Information Protection Act*, and will be used to respond to your request. Questions about this collection should be directed to the Access to Information and Privacy Office, 110 Laurier Avenue West, Ottawa, ON K1P 1J1, 613-580-2424, extension 21898.