



**Personal Health Information Protection Act
Access Request Form**

Under the Personal Health Information Protection Act (PHIPA), all individuals may request their Personal Health Information which is in the custody or control of the Lakeland Public Health. To access your Personal Health Information please complete this form. All requests will be responded to within 30 calendar days.

Applicant Information:

Name:		
Address:		
City:	Province:	Postal Code:
Telephone/Cell number:		

Substitute Decision-Maker Information:

Name:		
Address:		
City:	Province:	Postal Code:
Telephone/Cell number:		
Relationship to Applicant:		

Please provide a detailed description of the personal health information you are requesting.

Preferred method of access to records: ☐ Examine Original ☐ Receive a Copy

Signature

:

Date:

For Office use only		
Date Received:	Access Request Number:	Comments:

The personal health information contained on this form is collected pursuant to the *Personal Health Information Protection Act, 2004* ("the Act") and will be used for the purpose of responding to your access request pursuant to Section 54 of the Act