Access Request for Your Information

Information & Instructions

We will review all access requests and make every effort to your request in a timely fashion.

Please first ask your Doctor if they have this information, otherwise please complete **Parts A** and **B** of this form. **Part C** is for our internal use.

For questions about this form or our privacy practices, please contact the OTN Privacy Office at 1-855-654-0888.

Part A: Person Requesting Information

SURNAME | GIVEN NAME | INITIALS

MAILING ADDRESS

CITY | PROVINCE | POSTAL CODE

TELEPHONE (Home/Work) | DATE OF BIRTH (DD-MMM/YYYY) | OTN ID # (if known by patient)

Substitute decision-maker contact information (include copies of documents that detail or confirm your authority as a substitute decision-maker)

SURNAME | GIVEN NAME | INITIALS

MAILING ADDRESS

CITY | PROVINCE | POSTAL CODE

TELEPHONE (Home) | TELEPHONE (Work)

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Part B: Access Request

Please describe what you need & include details that will help us locate the record (e.g., dates, name of healthcare provider. etc.)

Hard copies of information will be mailed to you at the mailing address you have provided on this form unless otherwise specified.

SIGNATURE	PRINT NAME	DATE (DD-MMM-YYYY)

On completion, this form should be sent to: Ontario Telemedicine Network, 438 University Ave., Suite 200, Toronto, ON M5G 2K8 Attention: Privacy and Risk Team

Access Request for Your Information

Part C: Response To Access Request (For Internal Use Only)

Information regarding receipt and initial review of request:

_____

DATE REQUEST RECEIVED (DD-MMM-YYYY)

Information regarding response:

_____

DATE REQUEST RECEIVED (DD-MMM-YYYY)

○ Access request granted ○ Access request not granted ○ Access request granted in part

If complete access request was not granted, reason for refusing all or part of the request:

If an extension is required, please indicate:

_____	_____	_____
DATE OF EXTENSION	REASON FOR EXTENSION	DATE PATIENT WAS NOTIFIED OF EXTENSION

Processed By:

_____	_____	_____
SIGNATURE	PRINT NAME	DATE (DD-MMM/YYYY)