



*Personal Health Information Protection Act,
2004 (PHIPA)
Access/Correction Form*

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 I – To be completed by Requester

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

Submit Formal Requests to:

Access to Information and Privacy Office
 Corporate Services – City Clerk’s Branch
 110 Laurier Avenue West
 Ottawa, ON K1P 1J1

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 or Town	Province
Postal Code	Telephone Number (Day)	Telephone Number (Evening)

Details of Request

Please provide a 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	Signature of Requester:	Date	Day	Month	Year
<input type="checkbox"/> Receive Copy					
<input type="checkbox"/> View Original (on-site only)					

PART II – For Office Use Only

Date Request Received	Request received by: (Please print name)
Day Month Year	Signature:

Personal information contained on this form is collected under section 53 of the Personal Health Information Protection Act 2004, and will be used to respond to your request. Questions about this collection should be directed to the Access and Privacy Analyst, Corporate Services, City Clerk’s Branch, 110 Laurier Avenue West, Ottawa, ON K1P 1J1, telephone: (613) 580-2424, extension 21898

Aussi disponible en français