

Procedure for Patient Request to Access their Health Record

All patients have the right to request access to their medical record. The request may be an oral request directly to the provider, in which case the provider may respond as they deem appropriate. In the event that a patient chooses to request access to their records in writing, a Request for Access form must be completed (See Appendix A) and submitted to the Virtual Office Assistant. Substitute decision makers may also request access on the patient's behalf, as the right of access exists whether or not the patient has capacity. This formal request will activate the obligations and procedure described in this document.

When a written request for access is received, the following procedure will be followed by the Virtual Office (VO) Assistant:

- Verify the patient's identity or substitute decision-maker's authority
- Ensure patient Request for Access form is completed and signed
- Upload patient Request for Access form to patient's chart
- Notify the author of the record to be corrected and the ICHA Privacy Officer of the patient's request for access
- If record cannot be found after a reasonable search, tell the requestor so in writing (See Appendix B)

The ICHA Privacy Officer in consultation with the author of the record will determine if one of the legal exceptions applies to providing access (See Table in Appendix C).

If a Legal Exception Applies:

- Tell the requestor in writing that you are refusing access, in whole or in part, and why you are doing so (See Appendix D),
- Where possible, sever the record and provide access to the part of the record where no legal exception applies,
- Tell the requestor about your complaints procedure, and that if the requestor is not satisfied with your resolution of the complaint, the requestor can complain to the Commissioner, and
- In some circumstances, you cannot even tell the requestor that a personal health record exists.
- Document in patient's chart if access has been refused.

If no legal exception applies and you can find the record, arrange to provide access.

Methods of Providing Access:

- The method of providing access will be determined in consultation with the MRP:
 - Provide access by showing the requestor the original record. If you choose to show the requestor the original record, you should arrange for the requestor to be monitored while viewing the record to ensure that it is not altered in any way.
 - Provide access by giving the requestor a copy of the record. You must provide a copy if the requestor asks for a copy.
- Verify the identity of the requestor prior to providing access to the records.
- Document in patient chart if original record was accessed or if copy of chart was provided to patient.

Timeframe:

All non-urgent requests will be processed within 30 days. In the event that a delay in processing the request is expected, the VO Assistant will notify the requestor of the delay and the reasons for the delay.

Version 1: June 2015

*Request for Access to Personal Health Information under the
Personal Health Information Protection Act*

Patient Contact Information:

Last Name:	First Name:	Middle Name	Birth Date:
Street Address:	City, Province:	Postal Code:	Telephone #:

Substitute Decision-Maker/authorized Individual Contact Information (if applicable):

Last Name:	First Name:	Middle Name	Birth Date:
Street Address:	City, Province:	Postal Code:	Telephone #:

*Note: Include copies of documents that demonstrate your authority as a substitute decision-maker.

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

Signature

Printed Name

Date: DD-MM-YYYY

Inner City Health Associates
36 Toronto St. Suite 850
Toronto, ON
M5C 2C5

Date: [DD-MM-YYYY]

Dear _____,

This letter is to state that the medical records for:

LASTNAME, FIRSTNAME [D.O.B: DD-MM-YYYY]

Have not been located and therefore we regret we are unable to comply with your request to view the records.

Regards,

ICHA Virtual Office Assistant

Follow-Up Notification to Requestor

Reason for Refusal of Access	State you are refusing the request (in whole or in part) and reason for the refusal	State you are refusing to confirm or deny the existence of any record
The record contains quality of care information	x	
The record contains information collected/created to comply with the requirements of a quality assurance program under the Health Professions Procedural Code that is Schedule 2 to the Regulated Health Professions Act	x	
The record contains raw data from standardized psychological tests or assessments	x	
The record (or information in the record) is subject to a legal privilege that restricts disclosure to the requestor	x	
Other legislation or court order prohibits disclosure to the requestor	x	
The information in the record was collected/created in anticipation of or use in a proceeding that has not concluded		x
The information in the record was collected/created for an inspection/investigation/similar procedure authorized by law that has not concluded		x
Granting access could reasonably be expected to result in a risk of serious harm to the patient or to others (Where this is suspected you may consult a physician or psychologist before deciding to refuse access)		x
Granting access could lead to the identification of a person who was required by law to provide the information in the record		x
The request for access is frivolous, vexatious or made in bad faith	x	
The identity or authority of the requestor cannot be proven by the requestor	x	

Inner City Health Associates
36 Toronto St. Suite 850
Toronto, ON
M5C 2C5

Date: [DD-MM-YYYY]

Dear _____,

RE: Request for Access to Personal Health Record of [LASTNAME, FIRSTNAME]

Your request for access to the personal health record has been declined for the following reason:

If you have any questions or concerns, please contact ICHA's Privacy Officer Alexandra Pinto at pintoa@smh.ca or 416-775-3622. If we are unable to resolve your concerns, you may contact the Information and Privacy Commissioner/Ontario, who may be contacted at: 2 Bloor Street East, Suite 1400, Toronto, Ontario, M4W 1A8 Email: info@ipc.on.ca Telephone: 416-326-3333 Long Distance: 1-800-387-0073 Website: www.ipc.on.ca

Sincerely,

(Name, Title)