Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg
Caring for Health / À l'écoute de notre santé

REQUEST TO ACCESS PERSONAL HEALTH INFORMATION

I, _____ request that WRHA – Pan Am Clinic site, provide access
Name of Applicant **to the personal health information of:**

Patient: _____
Last First Middle

Address: _____
Street City Province Postal Code

DOB: _____ PHIN: _____ MB Reg: _____
DD-MMM—YYYY 9-Digits 6-Digits

Telephone: H: _____ W: _____ Cell: _____

PERSON REQUESTING ACCESS: (IF DIFFERENT FROM ABOVE)
YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION TO PROVE YOU HAVE THE LEGAL AUTHORITY TO EXERCISE THE RIGHTS OF THE INDIVIDUAL

Name: _____

Relationship to Patient: (or legal authority for request) _____

Address: _____

Telephone: H: _____ W: _____ Cell: _____

PROCESSING FEES:
- **HARD COPY: $25.00 PLUS COPY FEES @ $0.50 PER PAGE**
- **CONFIRMATION OF APPOINTMENT: $15**

This form is not for third party use

PROCESSED BY RESPECTIVE DEPARTMENTS:
- **MRI CD only: $25**
- **X-RAY CD only: $20**
- **X-RAY CD & REPORT: $30**

VERY IMPORTANT

1. Specify information requested, including dates or date ranges and name(s) of care providers.

_____

_____

2. Indicate the reason for your request: (Optional) _____

I authorize _____ to view and/or receive copies of the above-specified personal health information in my place.

Signature of Applicant: _____ Date: _____

The applicant will be contacted within 30 days of receipt of this request. At that time, the availability of the information will either be confirmed or the applicant will be informed that this request cannot be granted.

For Internal Purposes Only:

Date Received: _____

Signature: _____ Date Processed: _____
Privacy Officer or Designate

Return completed form to:

Health Information Services, Pan Am Clinic
75 Poseidon Bay, Winnipeg, MB, R3M3E4
T: (204) 925-1528 F: (204) 925-7484