

## ***Personal Health Information Act***

### **REQUEST FOR ACCESS TO PERSONAL HEALTH INFORMATION**

This form will be used to request access to your own personal health records

#### **1. IDENTIFICATION OF INDIVIDUAL** (please print clearly)

\_\_\_\_\_  
Last Name First Name Middle initial

\_\_\_\_\_  
Previous surname (if applicable) Date of birth (YY/MM/DD)

\_\_\_\_\_  
Provincial Health Card Number

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Daytime telephone number

#### **2. IDENTIFICATION OF RECORDS**

Please indicate which records you are seeking to access:

\_\_\_\_\_  
\_\_\_\_\_

Please indicate what portion of the record(s) you are seeking to access:

- ☐ The whole record
- ☐ All records from the time period \_\_\_\_\_ to \_\_\_\_\_  
(yyyy/mm/dd) (yyyy/mm/dd)
- ☐ The following specific records: \_\_\_\_\_

#### **3. TERMS OF ACCESS**

I wish to access the records as follows:

- ☐ View only
- ☐ Photocopies

If receiving photocopies of the records, I wish to:

- ☐ have the records delivered to me by regular mail
- ☐ have the records delivered to me by courier
- ☐ pick the records up in person

#### 4. SIGNATURE

I consent to the **[name of custodian]** reviewing my personal health information in order to provide it to me as requested on this form. I understand that there may be a fee for access to my records, including any fee associated with delivery by regular mail or courier. The **[name of custodian]** must provide an estimate of any fees to me prior to release of my record(s), and fees may be payable by me in advance of any access.

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Signature

Date

**Please deliver or mail your form to:**

Jan Merrill

Phone: 902-835-5696

Fax: 902-835-3005

**Mill Cove Dental Centre**

961 Bedford Hwy, Unit 4A  
Bedford, Nova Scotia  
B4A 1A9

The personal health information requested in this form is collected pursuant to s. 75 of the *Personal Health Information Act* for the purposes of processing your request for access to your information. If you have any questions about this form or the process for requesting access, please contact [name of contact person, name of custodian].