ACCESSING HEALTH RECORDS

ST. JOSEPH'S CARE GROUP

Place Patient Label with Barcode Here

Information and Instructions

We will provide you with access to your personal health record, unless a legal exception applies. We will review all health records access request, and will make every effort to respond to your request in a timely fashion. Please complete Parts A and B of this form. Part C is for our internal use. For information about our privacy practices, contact Vicki Polischuk, Manager, Health Records at (807) 343-2454, fax (807) 345-4051; e-mail: polischv@tbh.net

Part A: Requestor Information

Client Contact Information

_____ _____ _____
Last Name   First Name   Initials

_____
Mailing Address

_____ _____
Telephone Number   Date of Birth

If you are a substitute decision-maker, your contact information: (***Include copies of documents that provide your authority as a substitute decision-maker***)

_____ _____ _____
Last Name   First Name   Initials

_____
Mailing Address

_____
Telephone Number

Part B: Access Request

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

_____

_____

2. How would you prefer to access this information? Please check off: ☐ Examine originals in the facility

☐ Receive copies of original

_____ _____ _____
Signature   Name (print)   Date

SREQRECORD

Part C: Response to access request (f*or italic underline*)

Part C: Response to access request (f*or internal use only*)

1. Information regarding receipt and initial review of request: _____

                                                Date request received

2. Information regarding response: _____

                    Date response issued

☐ Granted   ☐ Request not granted   ☐ Request granted in part

If complete access request was not granted, reason for refusing the request/part of the request.

_____

3. Information regarding extension: If an extension to the access request was required, please indicate:

_____   _____   _____

   Date of extension   Reason for extension   Date client notified

Processed by: _____   _____   _____

                 Signature   Name (print)   Title