



POLICY #	POLICY	SECTION	SUB-SECTION	APPROVAL DATE	REVIEW DATE	REVIEW FREQUENCY
CC-CR-FC-001	CareHop Access to Health Records Request Form	Client Care & Safety	Client Rights, Consent & Autonomy	October 2021	January 2025	Annually

### 1. Purpose

This form is used to formally document and process client or substitute decision-maker (SDM) requests for access to personal health records, ensuring compliance with PHIPA and CareHop's privacy policies while safeguarding client confidentiality and maintaining a clear audit trail.

### Policy Approval

Approved by: \_\_\_\_\_

A handwritten signature in black ink, consisting of a stylized 'A' followed by a long horizontal stroke.

Chief Executive Officer



**CareHop Access to Health Records Request Form**  
*For Client or Substitute Decision-Maker Use*

**Section A – Client Information**

- Client Full Name: \_\_\_\_\_
- Date of Birth (YYYY/MM/DD): \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email (optional): \_\_\_\_\_

**Section B – Requestor Information**

- ☐ I am the client identified above
- ☐ I am a Substitute Decision-Maker (complete below)

- Full Name of Requestor: \_\_\_\_\_
- Relationship to Client: \_\_\_\_\_
- Authority (e.g., POA for Personal Care, Guardian, SDM): \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_

*Please attach proof of legal authority (e.g., POA document, court order).*

**Section C – Requested Information**

- ☐ Entire Health Record
- ☐ Specific Record(s) or Date Range (please specify): \_\_\_\_\_
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- ☐ Visit Notes/Progress Notes
- ☐ Assessment Reports
- ☐ Care Plans
- ☐ Medication Information
- ☐ Other (specify): \_\_\_\_\_

**Section D – Preferred Method of Access**



- ☐ View on site (by appointment only)
- ☐ Receive electronic copy (via secure email)
- ☐ Receive paper copy (by mail or in-person pick-up)

#### **Section E – Consent & Signature**

I understand that CareHop will respond to this request within the time frame outlined in applicable legislation (e.g., PHIPA). I confirm that the information provided is accurate, and I consent to the release of the requested records.

- **Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

#### **For Office Use Only**

- ☐ Identity Verified
- ☐ Authorization Verified (if applicable)
- Request Received By: \_\_\_\_\_
- Date Received: \_\_\_\_\_
- Due Date: \_\_\_\_\_
- Request Processed On: \_\_\_\_\_
- Notes: \_\_\_\_\_