

REQUEST FOR ACCESS TO PERSONAL INFORMATION/ PERSONAL HEALTH INFORMATION RECORDS

SECTION 1: ABOUT YOU		
First Name	Last Name	Date of Birth (DD/MM/YYYY)
Company/Organization (if applicable)		
Address	City/Town	Postal Code
Phone Number (day)		Phone Number (evening)
If you are acting on behalf of another individual as their substitute decision-maker, please complete Section 2. If you are requesting your own personal health information, go to Section 3.		
SECTION 2: SUBSTITUTE DECISION-MAKER INFORMATION		
First Name	Last Name	Date of Birth (DD/MM/YYYY)
Address	City/Town	Postal Code
Phone Number (day)		Phone Number (evening)
<input type="checkbox"/> I am the substitute decision-maker and authorized to make decisions on the individual's behalf. * Please provide a copy of your statutory declaration form.		
SECTION 3: ABOUT YOUR REQUEST		
Do you want to: Receive a copy of the records? <input type="checkbox"/> OR Examine the records? <input type="checkbox"/>	Do you want to: Pick up your information? <input type="checkbox"/> OR Receive it by Registered Mail? <input type="checkbox"/>	Do you want an Estimate of Fees? Yes <input type="checkbox"/> OR No <input type="checkbox"/>
SECTION 4: ABOUT THE INFORMATION YOU WANT		
What records do you want to access? Please give as much detail as possible. If you need more space, please attach a separate sheet of paper.		
What is the time period of the records? Please give specific dates. <i>(See reverse for details)</i>		
SECTION 5: YOUR SIGNATURE		
Signature		Date
SECTION 6: FOR OFFICE USE ONLY		
Reference # H- _____	Date Received:	Response Deadline:
Requestor identity verified via: <input type="checkbox"/> Photo ID viewed <input type="checkbox"/> Other method (please document)		
Initials _____		

HOW TO COMPLETE THIS FORM

If you need help completing this form, contact Health and Social Services' Access to Information (ATI) Office at:

Phone (867) 667-5919 or (867) 667-3188

Toll-free in Yukon 1-800-661-0408 (ext. 5919 or ext. 3188)

Email healthprivacy@gov.yk.ca

Section 1: About you

Enter your last name and first name, date of birth, complete mailing address and your daytime and evening telephone numbers. The ATI Office may need to contact you if they have any questions about your request.

Section 2: Substitute Decision Maker Information

If you are requesting records for another person, as their Substitute Decision-Maker, you will be asked to provide a statutory declaration form.

Section 3: About your request

If you need help to find out what records Health and Social Services has, please contact the department's ATI Office.

1. If you are making a request for your own personal information/personal health information you will have to provide proof of your identity before the records are released to you. For example, we may ask to view a piece of photo identification or ask you some questions.
2. Do you want to receive a copy of the records or examine the records? Check the appropriate box.
3. Do you want to pick up your information or have your information sent by Registered Mail? Check appropriate box.
Please note all correspondence sent from this office is sent via Registered Mail.
4. Do you want to receive an Estimate of Fees? Check the appropriate box.
You may be required to pay a fee for printing or photocopying, and a service charge to locate, retrieve and prepare the information.

Section 4: About the Information you want to access

1. What personal information/personal health information are you requesting? Please be as specific as possible in describing the records. The more specific your request, the quicker and more accurately it can be answered. If you need more space, please continue your description on a separate sheet of paper and attach it to this request form.

Please be sure that you give:

- your full name
 - any other names that you have previously used; and
 - any identifying number that relates to the records, such as your personal health number, case number or other identification number.
2. Enter the time period of the requested records. For example, if you are requesting records for the period January 1, 1998 to August 31, 1999 enter those dates in the space provided. If you want records from August 1996 to the present, enter "August 1996 to the present."

Section 5: Your signature

Sign and date the form and send it to the ATI Office.

Physical Locations

Crocus Ridge Place
#1 Hospital Road – 2nd Floor
Whitehorse, Yukon

OR

ATIPP Office (Whitehorse)
Yukon Government Main Admin Building
2071 Second Ave. (Lower Floor)
Whitehorse, Yukon

Mailing Address

Attn: ATI Office
Health and Social Services (H-1)
Box 2703
Whitehorse, Yukon Y1A 2C6