



Personal Health Information Access Request Form

The City of Winnipeg Fire Paramedic Service (WFPS) has a legal obligation under *The Personal Health Information Act* (PHIA) to help you exercise your right of access to your personal health information (PHI) maintained by the WFPS. In order to best assist you, please provide the following information in full:

SECTION 1: Patient Information		
Given Name(s)	Surname	
Address	City/Town	Postal Code
Date of Birth (mmm/dd/yyyy)	Phone Numbers	
Personal Health Identification Number (PHIN)	Health Registration Number	
SECTION 2: Information Requested		
Date Service Provided	Location Service Provided	WFPS Incident # OR WPS Incident #
This request is for my own information: <input type="checkbox"/> Yes - go to Section 4 <input type="checkbox"/> No - complete Section 3		
SECTION 3: Individual Requesting Information (if different from above)		
Given Name(s)	Surname	
Address	City/Town	Postal Code
Phone Numbers		
Relationship to Patient:		
Please check the applicable box below and attach documentation verifying that you are authorized to act on the patient's behalf: <ul style="list-style-type: none"> <input type="checkbox"/> I have written authorization from the individual <input type="checkbox"/> I am the individual's proxy appointed under <i>The Health Care Directives Act</i> <input type="checkbox"/> I am the individual's committee appointed under <i>The Mental Health Act</i> and have the power to make health care decisions for the individual <input type="checkbox"/> I am the individual's substitute decision maker for personal care appointed under <i>The Vulnerable Persons Living with a Mental Disability Act</i> <input type="checkbox"/> I am the parent or guardian of a minor and the minor does not have the capacity to make health care decisions <input type="checkbox"/> The individual is deceased and I am the executor or administrator of the individual's estate <input type="checkbox"/> No person above exists or is available; as per Section 60(s) of PHIA (see page 3), I wish to exercise the rights of the individual who lacks the capacity to do so because I am related to them in the following way: _____ 		

SECTION 4: Information Delivery Method

I wish to:

- pick up the information in person
- receive the information electronically, via email: _____
- receive the information via mail: *(If different from section 1 and/or section 3)*

Address: _____

authorize the release of the information to the following person:

Name: _____ Phone: _____

Address: _____

SECTION 5: Authorization

I understand that proof of authority to access this information may be required if the documentation pertains to an individual other than myself.

I understand that I am required to provide valid identification, along with the completed request form, in order to receive the requested PHI.

_____ Date: _____

Signature of Authorized Individual (mmm/dd/yyyy)

The information you are asked to provide on this form is collected under the authority of PHIA and is necessary to help us process your request. Any information you provide will be protected in accordance with PHIA.

Documents for proof of identification/authorization includes, but is not limited to: Government issued photo I.D. (i.e. driver’s license), provincial health card, death certificate, Power of Attorney, Executor of Estate, etc.

You will be contacted within 30 days of receipt of your request. At that time, the availability of the information will either be confirmed or you will be informed that your request cannot be granted.

OFFICE USE ONLY	
Date received:	Received by:
<input type="checkbox"/> ID and authority of requestor confirmed	Details:
<input type="checkbox"/> Information provided	<input type="checkbox"/> Picked up by authorized person <input type="checkbox"/> Other:
<input type="checkbox"/> Information not provided	Details:
Date provided:	Privacy Officer signature:

The Personal Health Information Act (PHIA)

Section 60

Exercising rights of another person

- [60\(1\)](#) The right of an individual under this Act may be exercised
- (a) by any person with written authorization from the individual to act on the individual's behalf;
 - (b) by a proxy appointed by the individual under *The Health Care Directives Act*;
 - (c) by a committee appointed for the individual under *The Mental Health Act* if the committee has the power to make health care decisions on the individual's behalf;
 - (d) by a substitute decision maker for personal care appointed for the individual under *The Vulnerable Persons Living with a Mental Disability Act* if the exercise of the right relates to the powers and duties of the substitute decision maker;
 - (e) by the parent or guardian of an individual who is a minor, if the minor does not have the capacity to make health care decisions; or
 - (f) if the individual is deceased, by his or her personal representative.

If person unavailable

[60\(2\)](#) If the trustee reasonable believes that no person listed in subsection (1) exists or is available, the adult person listed first in the following clauses who is readily available and willing to act may exercise the rights of an individual who lacks the capacity to do so:

- (a) the individual's spouse, or common-law partner, with whom the individual is cohabiting;
- (b) a son or daughter;
- (c) a parent, if the individual is an adult;
- (d) a brother or sister;
- (e) a person with whom the individual is known to have a close personal relationship;
- (f) a grandparent;
- (g) a grandchild;
- (h) an aunt or uncle;
- (i) a nephew or niece.

Ranking

[60\(3\)](#) The older or oldest of the two or more relatives described in any clause of subsection (2) is to be preferred to another of those relatives.