



Young Adult
Mental Health

Request to Access or Correct Personal Health Information

Under the Personal Health Information Protection Act, 2004 (PHIPA)

Confidential Information

Participant Information:

Last Name _____ First Name _____ Initials _____
Address _____ Unit _____ Date of Birth _____
City _____ Province _____ Postal Code _____
Primary Telephone _____ Secondary Telephone _____

Substitute Decision Maker Information: *

Last Name _____ First Name _____ Initials _____
Address _____ Unit _____
City _____ Province _____ Postal Code _____
Primary Telephone _____ Secondary Telephone _____

* Please attach documentation to indicating substitute decision maker status (e.g. guardianship, power of attorney)

Type of Request

I am requesting a correction to personal health information

I am requesting access to personal health information

I would like to examine the original health records

I would like to receive a copy of the health records

Please print the completed form and send it by mail or bring it in person in an envelope to:
Privacy Officer, Stella's Place, 18 Camden St. Toronto, ON, M5V 1V1. privacyofficer@stellasplace.ca

Please provide a detailed description of the personal health information you are requesting to see or to have corrected.
The Stella's Place Privacy Officer or their representative will contact you within 10 business days to begin implementing your request. To cover administration costs, there will be a \$25.00 fee to access personal health information.

Signature _____ Date _____

For Stella's Place Use Only:

Date Received _____ Received by _____ Date of Response _____