



**Request to Access Personal Health Information Form**  
 Under the Personal Health Information Protection Act, 2004

| Section 1: Client Information   |  |            |  |
|---|--|------------|--|
| <i>Information about the child/youth who was the recipient of services at ROCK.</i> |  |            |  |
| First Name:   |  | Last Name: |  |
| Date of Birth:  |  |            |  |
| Address:  |  |            |  |
| City:   |  | Province   |  |
| Postal Code:  |  | Phone:     |  |

| Section 2: Parent/Legal Guardian (substitute decision maker) Information   |  |            |  |
|--|--|------------|--|
| <i>Required if the request is not coming from the child/youth. You may be asked to provide documentation that demonstrates that you are an authorized substitute decision maker.</i> |  |            |  |
| First Name:  |  | Last Name: |  |
| Address:   |  |            |  |
| City:  |  | Province:  |  |
| Postal Code:   |  | Phone:     |  |

| Section 3: Recipient of Records |        |                       |                                       |
|---------------------------------|--------|-----------------------|---------------------------------------|
|                                 | Client | Parent/Legal Guardian | Other – please complete section below |
| First Name:                     |        | Last Name:            |                                       |
| Agency/Organization:            |        |                       |                                       |
| Address:                        |        |                       |                                       |
| City:                           |        | Province:             |                                       |
| Postal Code:                    |        | Phone:                |                                       |

| Section 3: Type of Information Requested:   |
|---|
| Service Summary (summary letter of all services received at ROCK)   |
| Reports prepared at ROCK (e.g., assessments, care plans, final reports, psychological reports, service summaries, etc.) |
| Other Information (please specify):   |



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|   |  |
|---|--|
| <b>Section 6: Preferred Method of Access to Records</b>   |  |
| Examine original – note only available in a ROCK location from a ROCK managed device.   |  |
| Receive a copy – please select one and provide contact information:   |  |
| <p>Fax</p> <p>Mail</p> <p>Email</p>   |  |
| <p>By signing here, you accept the risk associated with using <b>email</b> to send and receive personal health information. Email can be intercepted, forwarded, stored, changed, or accessed by third party or email providers without knowledge or consent. Please see ROCK’s email and text policy on their website for further information.</p> |  |

|                                       |       |
|---------------------------------------|-------|
| <b>Section 5: Signatures</b>          |       |
| Signature – Child/Youth               | Date: |
| Signature – Substitute Decision Maker | Date: |
| Witness                               | Date: |

**Note: only HAND-WRITTEN signatures are accepted; e-signatures are not permitted.**

|   |
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| <p>Requests can be mailed, emailed or faxed to the Records and Information Management Team at:<br/>         Email: <a href="mailto:releaseofinfo@rockonline.ca">releaseofinfo@rockonline.ca</a><br/>         ROCK 471 Pearl Street, Burlington, ON L7R 4M4<br/>         Fax: 905-681-7477</p> |
|---|

Please note that ROCK is required to respond to all requests for information within 30 days once all requirements are made for the request. You will be contacted once your request is ready to be released or picked up.