

## Personal Health Information Access Request Form

### Instructions:

Submit this form along with a copy of government-issued photo identification (for verification of identity) and any supporting documentation to:

#### By Mail:

Grey Bruce Public Health  
101 17th Street East,  
Owen Sound, ON N4K 0A5  
Attention: Privacy Officer

#### By Email:

[Privacy@publichealthgreybruce.on.ca](mailto:Privacy@publichealthgreybruce.on.ca)

If you have any questions or need assistance completing this form, please contact us at the above email.

### Requester Details:

First Name:

Last Name:

Address:

(Street #/Apt #/P.O. Box #/R.R. #)

City/Town

Province

Postal Code

Telephone:

Email:

### Records Requested For:

First Name:

Last Name:

Date of Birth:

(YYYY/MM/DD)

If you are requesting access to the personal health information of someone other than yourself, please indicate your relationship to the individual (e.g. parent):

Attach the appropriate legal documentation proving you are legally entitled to receive this information.

### Records Requested:

#### Preferred Method of Access to Records:

- ☐ Electronic (Secure Email)
- ☐ Paper

Date:

(YYYY/MM/DD)