



## REQUEST FOR ACCESS TO PERSONAL INFORMATION OR PERSONAL HEALTH INFORMATION RECORDS

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

Phone: 867-667-5919

Toll-free (in Yukon): 1-800-661-0408, ext. 5919

Email: [healthaccess@yukon.ca](mailto:healthaccess@yukon.ca)

Identity of the individual whose record of information is being requested			
First name	Last name		Date of birth YYYY/MM/DD
Company/organization (if applicable)			
Address		City/town	Postal code
Email		Phone	
Substitute decision-maker information (if applicable)			
If you are acting on behalf of another individual as their substitute decision-maker, complete this section. If you are requesting your own personal health information, skip to the next section.			
First name	Last name		Date of birth YYYY/MM/DD
Address		City/town	Postal code
Email		Phone	
<input type="checkbox"/> I am the substitute decision-maker and authorized to make decisions on the individual's behalf. A copy of my statutory declaration form is attached.			
Information being requested			
What records do you want to access? Provide as much information as you can to help us find the records (e.g. any other names that you have previously used, or any identifying number that relates to the records, such as your personal health number, case number, etc.).			
What is the time period of the requested records? Provide specific dates (e.g. January 1, 2017 to August 31, 2018).			

## Delivery method

Choose how you want to receive the records.

☐ I want to examine the original records.

☐ I want to receive a copy of the records.

☐ I will pick up the copy in person.

☐ Email the records to me at the following email:

Email

☐ Mail the records to me at the following address:

Address

City/town

Postal code

Do you want an estimate of fees? ☐ Yes ☐ No

You may be required to pay a fee for printing or photocopying (15 cents per page), and a service charge (of \$6.25 per 15 minutes) to locate, retrieve and prepare the information.

## Authorization

Signature of authorized individual

Date

YYYY/MM/DD

## Office use only

Reference #

Date received

Response deadline

H –

Requestor identity verified by

☐ Photo ID

☐ Other method \_\_\_\_\_

Initials: \_\_\_\_\_

## Submit completed form by mail to

Attn: ATI Office

Health and Social Services (H-27)

Box 2703, Whitehorse, Yukon Y1A 2C6

## or drop off in person at

ATI Office

Suite 300 - 204 Lambert Street

Whitehorse, Yukon