AP 8040-F3 Request for Access to Personal Health Information

Interlake School Division · 192 2nd Ave. N, Stonewall, MB R0C 2Z0 · 204-467-5100

Use this form to examine or receive a copy of **your own** personal health information held by the Division, under The Personal Health Information Act (PHIA). Examples include medical notes in an HR file, accommodation or return-to-work records, or a student's pupil support file. For other records, use a FIPPA access request. You may also make a request orally; the Access and Privacy Officer will record it on this form. See AP 8040, Section B.

The Division will respond within **30 days** of receiving your request.

Part 1 – About the person the information is about

Field	Response
Full name	
Other names used (if any)	
Date of birth	
Relationship to the Division	☐ Employee ☐ Former employee ☐ Student ☐ Former student ☐ Other: _____
Employee number or school attended (if known)	
Mailing address	
Phone	
Email	

Part 2 – Representative (complete only if requesting for someone else)

A representative may make this request on the individual's behalf (PHIA s. 60). Attach proof of authority.

Field	Response
Representative's full name	
Phone and email	
Mailing address	

Authority to act (check one and attach documentation):

☐ Parent or guardian of a child too young to make their own health care decisions

☐ Written authorization signed by the individual

☐ Power of attorney

☐ Proxy under a health care directive

☐ Committee or substitute decision maker

☐ Other: _____

Part 3 – Information requested

Describe the information you want as specifically as you can, including the type of record, the department or school, and the time period.

Type of access (check one or both):

☐ Examine the information in person

☐ Receive a copy: ☐ Paper, picked up ☐ Paper, mailed ☐ Secure electronic copy

☐ Receive the record of user activity: who has accessed my PHI in the Division's electronic systems, and when

Please note: for psychological tests or data, the Division may require a health professional to be present to explain the information and may not provide a copy (PHIA s. 7.1).

Part 4 – Declaration

I confirm that I am the individual named in Part 1, or their authorized representative, and that the information provided is accurate.

Signature: _____ Date: _____

Your rights. You may ask the Division to explain any term, code or abbreviation in your records. If you believe the information is wrong, you may request a correction in writing. If you disagree with the Division's decision on access or correction, you may complain to the Manitoba Ombudsman (ombudsman.mb.ca · 204-982-9130 · toll-free 1-800-665-0531).

The information on this form is collected under PHIA and FIPPA to process your request. Questions about this collection may be directed to the Access and Privacy Officer, Interlake School Division, 204-467-5100.

Part 5 – Office use only (Access and Privacy Officer)

Field	Entry
Request number	
Date received	
Received as	☐ Written ☐ Oral (recorded by: _____)
Response due (30 days from receipt)	
Identity verified by / ID viewed	

Field	Entry
Representative's authority verified	☐ Yes ☐ N/A
Clarification or fee estimate sent (PHIA s. 10.1; clock paused)	Date: _____Reply received: _____
Transferred to another trustee (PHIA s. 8)	☐ Yes, to: _____ Date: _____
Fee (if any)	$ _____ ☐ Waived

Decision

☐ Access granted in full

☐ Access granted in part: exception under PHIA s. 11(1)(___) · severed portions identified

☐ Access refused: exception under PHIA s. 11(1)(___)

☐ Request abandoned (no reply within 30 days of s. 10.1 notice; written notice sent _____)

☐ Request disregarded under PHIA s. 11.1 (written notice sent _____)

Response	Date	By
Written response sent (with reasons and Ombudsman rights for any refusal)		
Records examined in person / copy provided		

Access and Privacy Officer signature: _____ Date: _____

Retain in the access request file in accordance with AP 3160.