

**Request to Access Personal Health Information**  
***Personal Health Information Protection Act, 2004 (PHIPA)***

SECTION 1 – Type of Request			
<input type="checkbox"/> Access to Own Personal Health Information <input type="checkbox"/> Access to Other's Personal Health Information by Authorized Party		<b>Submit Request to:</b> Pediatric Oncology Group of Ontario (POGO) POGO Privacy Officer 480 University Avenue, Suite 1014, Toronto, ON, M5G 1V2 or Fax to: 416-592-1285	
SECTION 2 – Personal Health Information is being requested for:			
	<b>Last Name</b>	<b>First Name</b>	<b>Date of Birth (yy/mm/dd)</b>
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss			
Location with custody of Records (i.e. Program)			
Request for specific time period			
<b>Start Date (yy/mm/dd)</b>			
<b>End Date (yy/mm/dd)</b>			
Please provide a detailed description of the personal health information you are requesting and details that will assist in locating this information.			
SECTION 3 – Requester Information if differs from Section 2			
	<b>Requester's Last Name</b>	<b>Requester's First Name</b>	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss			
<b>Address</b>	<b>City/Town</b>	<b>Province and Postal Code</b>	
<b>Telephone Number:</b>	<b>Day Contact #</b>	<b>Cell #</b>	
<input type="checkbox"/> I am the individual who's personal health information is being requested <input type="checkbox"/> I am the parent with custody, or a person lawfully entitled to consent on behalf of individual in Section 2. <input type="checkbox"/> I am exercising a power of attorney for the individual in sector 2 and have attached a copy of the supporting documentation <input type="checkbox"/> The individual in Section 2 is deceased and I am an estate trustee or have assumed responsibility for the administration of the deceased estate and I have attached a copy of the supporting documentation			
<b>Signature of Requestor:</b>			
<b>Date:</b>			
Personal health information contained on this form is collected under section 53 of the Personal Health Information Protection Act, 2004, and will be used to respond to your request. Questions about this collection should be directed to the Pediatric Oncology Group of Ontario (POGO) Privacy Officer Telephone: 1-855-367-7646 ext. 224.			
<i>This request may be subject to Fees.</i>			