

Request to Access Personal Health Information From the Clinical Record Compiled at EveryMind Under the Personal Health Information Protection Act, 2004

* You may be asked to provide documentation that demonstrates that you are the authorized substitute decision-maker Type of Information requested: Intake Information Reports prepared by EveryMind (e.g., assessments, treatment plans, psychiatric & psychological reports, service summaries) Reports contained in the EveryMind Record received from external sources Other Information (please specify): Preferred method of access to records: Examine Original Receive a Copy	Child/Youth Information			
First name:	Last name:			
Date of Birth:				
Address:				
Phone (home):				Apt./Unit #:
Parent/Legal Guardian (substitute decision-maker) Information* Last name: First name: Address: Apt./Unit #: City: Province: Phone (cell): You may be asked to provide documentation that demonstrates that you are the authorized substitute decision-maker Type of Information requested: Intake Information Reports prepared by EveryMind (e.g., assessments, treatment plans, psychiatric & psychological reports, service summaries) Reports contained in the EveryMind Record received from external sources Other Information (please specify): Preferred method of access to records: Examine Original Receive a Copy Child/Youth Signature: Date: Please complete this form and fax to Clinical Records 905-696-0350 OR mail to EveryMind Clinical Records, 85A Aventura Court, Mississauga ON L5T 2Y6 For more information call Clinical Records 905-795-3500 ext. 2323 For office use only: Eile #: Date manager notified: Date manager notified:	City:	Province:		Postal Code:
Last name: First name:	Phone (home):		Phone (cell): _	
First name:	Parent/Legal Guardian (substi	tute decision-ma	nker) Informat	tion*
Address:	Last name:			
City:	First name:			
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