



Meadowood Manor PHIA Request Form

Resident Name: _____

Room Number: _____

PERSON REQUESTING ACCESS TO PERSONAL HEALTH INFORMATION

Name: _____

Address: _____

Phone Number: _____

Relationship to Resident: _____

Holds Power of Attorney: Yes____ No____

Description of Information Requests:

Do you want a copy of the information requests? Yes____ No____

Signature: _____

Submit Request to: Stephanie Campbell, Privacy Officer
Meadowood Manor
577 St. Anne's Road
Winnipeg, Manitoba
R2M 3G5

You will be contacted within 72 hours of the receipt of your request. At that time, the availability of the information will either be confirmed with you or you will be informed that your request cannot be granted. If the information is available and you are requesting a copy, there may be a charge for copying fees.

TO BE COMPLETE BY PRIVACY OFFICER:

Date Request Received: _____

Request Approved YES____ No____

Date Individual Notified of Outcome of Request: _____

Comments:

Signature: _____