



CPTBC

College of Physical Therapists
of British Columbia

#900 – 200 Granville Street, Vancouver, BC V6C 1S4 • Tel : 604.742.6556 • Fax : 604.357.1862
Email : registration@cptbc.org • Website : cptbc.org

Physiotherapy and Your Privacy

Request for Access to Personal Information

Upon request, we will give a patient (or the patient's legally authorized representative) access to his or her personal information from the records we have in our custody or that are under our control. Our privacy officer, _____ will also explain how we collect and use personal information, and to whom it has been disclosed.

Within 30 business days of receiving your completed Request for Access to Personal Information form, we will give you a copy of the information, let you review the original records, or give reasons for not providing access. We may extend the time for responding to your request in certain circumstances. We may also be permitted or required by law to refuse to give you access to some information in your records.

If we refuse access, our privacy officer will explain our reasons. If you disagree with our refusal, we will try to resolve the matter with you. If we cannot resolve the matter to your satisfaction, you may ask the College of Physical Therapists of BC to try to resolve it. If you are still not satisfied, you may refer the matter to the Office of the Information and Privacy Commissioner for British Columbia.

BC's Personal Information Protection Act allows us to charge you a minimal fee for access to your personal information. If we charge a fee, we will give you a written estimate before we provide the service. We may ask you to pay a deposit for all or part of the fee beforehand.

To request access to your personal information or information about a person you are legally authorized to represent, please complete the attached Request for Access to Personal Information form. If you need assistance, our privacy officer will help you complete the form.

This information is provided by your physiotherapist, the Physiotherapy Association of BC and the College of Physical Therapists of BC in cooperation with the BCMA and the Office of the Information and Privacy Commissioner for BC. 2004

Request for access to personal information

The information on this form will be used to respond to your request for your personal information or the personal information of someone whom you are legally entitled to represent.

Whose information do you want access to?

- My own personal information Another person's personal information

Patient Information

- Mr. Ms. Other (please select)

First Name:	Last Name:
Street Address:	City/Town:
Postal Code:	MSP Number:
Home/Cell Phone Number:	Business Phone Number:
Date of Birth:	Email Address:

Please describe, in as much detail as possible, the information you want to access. Indicate if you also want access to records about the disclosure of your information, or information of the person you are representing. Be sure to give previous names, if any.

Please indicate if you wish to:

- Receive a photocopy of the record.
Please note that a base fee of \$_____ per page applies for each page copied.
- View the original record, without receiving a copy.
Please ask for an estimate of the fee you will be charged for:
 Supervision by a staff person while you are reviewing your record.

Patient's Signature Date (DD/MM/YY)

Access by authorized representative

I am the legally authorized representative of the patient named above and have attached proof of that representation. I hereby request access to the patient's personal records on his or her behalf.

Authorized representative's contact information

- Mr. Ms. Other (please select)

First Name:	Last Name:
Street Address:	City/Town:
Postal Code:	Email Address:
Home/Cell Phone Number:	Business Phone Number:

Authorized Representative's Signature Date (DD/MM/YY)