

# TRANSFER OF PATIENT RECORDS



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## HEALTH INFORMATION PROTECTION ACT - SECTION 32 RIGHT OF ACCESS

### Right of access 32

Subject to this Part, on making a written request for access, an individual has the right to obtain access to personal health information about himself or herself that is contained in a record in the custody or control of a trustee.

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## HEALTH INFORMATION PROTECTION ACT - SECTION 34(1) WRITTEN REQUEST FOR ACCESS

### Written request for access

34(1) An individual may, in accordance with the regulations, make a written request for access to personal health information about himself or herself that is contained in a record in the custody or control of a trustee.

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## HEALTH INFORMATION PROTECTION ACT SECTION 36(1) RESPONSE TO WRITTEN REQUEST

### Response to written request

36(1) Within 30 days after receiving a written request for access, a trustee must respond to the request in one of the following ways:

(a) by making the personal health information available for examination and providing a copy, if requested, to the applicant;

As a courtesy, the CDSS has provided the following template that facility owners, comprehensive authorized practice directors, and registrants can utilize and modify to fulfill the requirements of Section 36(1) of the Health Information Protection Act.

Please consult legal counsel for advice with any questions or concerns.

## Transfer of Patient Record Consent Form

Pursuant to Section 32 of the Health Information Protection Act, I have the right to obtain access to personal health information about myself that is contained in a record in the custody or control of a trustee.

Pursuant to Section 34(1) of the Health Information Protection Act, I may, in accordance with the regulations, make a written request for access to personal health information about myself that is contained in a record in the custody or control of a trustee.

Pursuant to Section 36(1) of the Health Information Protection Act, after receiving a written request for access, a trustee must respond to the request in one of the following ways:

(a) by making the personal health information available and providing a copy, if requested, to the applicant.

I \_\_\_\_\_ (patient name) request and  
authorize the original trustee \_\_\_\_\_ (dentist name) at

\_\_\_\_\_ (dental facility)

to transfer a copy of my dental records including radiographs to a new trustee,

\_\_\_\_\_ (dentist name) at

\_\_\_\_\_ (dental facility)

\_\_\_\_\_ (patient signature) \_\_\_\_\_ (date)

Date Sent: \_\_\_\_\_ Original Dentist Facility Signature \_\_\_\_\_

Method of Transfer: In Person \_\_\_\_\_ Mail \_\_\_\_\_ Courier \_\_\_\_\_ Other \_\_\_\_\_

Date Received: \_\_\_\_\_ New Dentist Facility Signature \_\_\_\_\_

1. Original trustee dentist facility keeps a copy of this form when record is sent.
2. Receiving new trustee dentist returns signed copy of this form when record received.
3. Original trustee dentist facility should document in patient record "the transfer of personal health information records with consent to a new trustee pursuant to HIPA Sections 32, 34, and 36".