



Disclosure of Personal Health Information to Health Care Professionals and/or a Professional Regulatory Body Letter Template

Re <insert name of patient, their date of birth, and their PHIN>

Dear <insert addressee>:

The <insert committee> of the College of <insert professional regulatory body> is reviewing the medical care provided to the above-named patient, who we understand <insert circumstance of presentation at institution, including date - e.g.: was admitted from XX to XX at XX hospital, or attended the emergency department on XX ..., etc.>. In accordance with subsection 22(2)(e)(iii) of *The Personal Health Information Act*, we request a clear copy of <insert specifics as to what is required – e.g., complete patient record for period in question, including admission history and physical, discharge summary, consultation letters, progress notes, and diagnostics>. Your cooperation in providing the requested records as soon as possible would be greatly appreciated.

Professional regulatory body drafting note: The foregoing paragraph will particularize what is required for the purpose of the review with the degree of specificity appropriate to the clinical circumstance. This may include limitations, for example access would not include subsequent care.

A member of <professional regulatory body>, <insert title and name>, participated in this patient's care. Accordingly, we ask that you provide <insert title and name> access to the same information for the purpose of our review. If requested by <insert title and name>, we kindly ask that you disclose to them a copy of some or all the above-described records. Take note we have provided <insert title and name> with a copy of this correspondence.

Please be advised that <professional regulatory body> is committed to protecting the privacy and confidentiality of information that it receives, creates, uses, maintains, and discloses while fulfilling its regulatory functions. <professional regulatory body> fulfills this commitment to privacy and confidentiality through adherence to its Privacy Policy and by complying with its statutory obligations under *The Regulated Health Professions Act* <or other Act if the case so requires>, particularly subsection <140(2) or other if the case so requires>. <professional regulatory body> only collects personal information and personal health information regarding patients to satisfy its regulatory mandate. As a general practice, no more information than is necessary is sought or disclosed by <professional regulatory body>.

Professional regulatory body drafting note: This letter may be modified respecting what we are requesting. For example, allow the member to access the patient record for this purpose, and/or provide a copy of the described portion of the patient record to the member, and/or provide a copy of the described portion of the patient record to <professional regulatory body>.

Letter to the member involved:

We recognize that you will need to review relevant portions of the patient record to provide a meaningful response to the **<issues/concerns>** raised, and we will also require these records. **<professional statutory body>** is committed to ensuring that our processes respect the privacy of complainants and our members and that our members comply with *The Personal Health Information Act* (“PHIA”), including policies and procedures established by trustees responsible for maintaining patient records.

Subject to authorization from the institutional trustee, you may access the **<name of institution>** record for your response, keeping in mind that **<issues/concerns>** raised relate to care provided **<insert data parameters>**. As such, the expectation is that you only require access to and/or disclosure of personal health information that would have been available to you at the time care was provided in order to respond to this matter. Access to documentation of subsequent care by others, or care provided by others that was not available to you at the time, is not necessary or appropriate in order to respond.

We have requested the above records directly from **<name of institution>** and asked that they kindly provide you with copies of same, if required. A copy of that letter is attached for your convenience. If additional relevant records are available elsewhere, such as a private clinic, you are required to provide them.