

## Refusing a Request for Access Form

Date: \_\_\_\_\_  
 To: (Client Name)  
 From: (Privacy Officer or Designate)  
 Re: Personal Health Information pertaining to: \_\_\_\_\_

This is to inform you that your request for access to the Personal Health Information belonging to the above-mentioned Individual has been refused under Section 11(1) of *The Personal Health Information Act* for the following reason:

- (a) knowledge of the information could reasonably be expected to endanger the mental or physical health or the safety of the individual or another person;
- (b) disclosure of the information would reveal personal health information about another person who has not consented to the disclosure;
- (c) disclosure of the information could reasonably be expected to identify a third party, other than a trustee, who supplied the information in confidence under circumstances in which confidentiality was reasonably expected;
- (d) the information was compiled and is used solely:
  - i. for the purpose of peer review by health professionals,
  - ii. for the purpose of review by a standards committee established to study or evaluate health care practice in a health care facility or health services agency,
  - iii. for the purpose of a body with statutory responsibility for the discipline of health professionals or for the quality or standards of professional services provided by health professionals, or
  - iv. for the purpose of risk management assessment; or
- (e) the information was compiled principally in anticipation of, or for use in, a civil, criminal or quasi-judicial proceeding.
- You have not provided us with sufficient proof that you are the individual the personal health information is about or that you are a Person permitted to exercise the rights of this individual in accordance with Section 60 of *The Personal Health Information Act* (Manitoba). Your request will be reconsidered upon provision of the appropriate identification or authorization.

If you are not satisfied with the decision, you have a right to make a complaint to the Provincial Ombudsman pursuant to Section 39(1) of *The Personal Health Information Act* (Manitoba).

**To be completed by the Privacy Officer or Designate:**

Signature: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Client ID/Health Record #: \_\_\_\_\_