

# The electronic Child Health Network Personal Health Information Inquiry Form



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The electronic Child Health Network provides services to enable Health Information Custodians (HIC)<sup>1</sup> to use electronic means to share personal health information with other Health Information Custodians (HIC). The Personal Health Information Records contained in eCHN's database belong to the originating Health Information Custodian (HIC) and access to the actual Personal Health Information record must follow the procedures of that Health Information Custodian (HIC).

eCHN cannot disclose any Personal Health Information directly to a patient or a patient's guardian. eCHN can:

- Confirm that your or your child's health information is in our database
- Advise you of which Health Information Custodian(s) have shared information with eCHN
- Provide you with a list of authorized health care providers<sup>2</sup> who have accessed your Personal Health Information held at eCHN

Please send this completed form to:

**Privacy Officer**

The electronic Child Health Network  
180 Dundas Street West, Suite 2405  
Toronto, Ontario  
M5G 1Z8

Fax: 416 813 8294

[privacy@echn.ca](mailto:privacy@echn.ca)

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<sup>1</sup> Health Information Custodian (HIC), means a person or organization as described in the PHIPA 2004 section 3, who has custody or control of personal health information as a result of or in connection with performing the person's or organization's powers or duties or the work described in the PHIPA 2004 section 3. Some of the HICs are health care practitioners, Community Care Access Corporations, Hospitals, psychiatric facilities etc.

<sup>2</sup> Health Care Providers are health care practitioners as defined in the PHIPA section 2, a person who is a member within the meaning of the Regulated Health Professions Act, 1991 and who provides health care, a person who is registered as a drugless practitioner and who provides health care, a person who is a member of the Ontario College of Social Workers and Social Service Workers and who provides health care, or any other person whose primary function is to provide health care for payment



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**Your Information**

Please circle one Mr. Mrs. Ms. Miss

Surname .....

Given Name ..... Initials .....

Address ..... Unit .....

City ..... Province ..... Postal Code .....

Telephone Daytime ..... Evening .....

Email Address\* .....

\* I consent to being contacted at this email address or through the email address of my named representative. I acknowledge that sending email over the Internet is not secure as the email can be intercepted and/or manipulated and retransmitted.

**I am the child's: (please circle one) Parent Legal Guardian  
Self (It is my paediatric record)**

**Your Child's Information**

Surname .....

Given Name ..... Initials .....

Address ..... Unit .....

City ..... Province ..... Postal Code .....

**Representative Information**

Please circle one Mr. Mrs. Ms. Miss Please circle one Lawyer Agent

Surname .....

Given Name ..... Initials .....

Name of Company or Organization .....

Address ..... Unit .....

City ..... Province ..... Postal Code .....

Telephone Daytime ..... Evening .....

Email Address\* .....

\* I consent to being contacted at this email address or through the email address of my named representative. I acknowledge that sending email over the Internet is not secure as the email can be intercepted and/or manipulated and retransmitted.

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### Details of the Inquiry

- I want confirmation that my child's personal health information records are at eCHN.
- I want to know which Health Information Custodians shared my child's records with eCHN.
- I want to know who has viewed my child's personal health information records at eCHN.
- Other – please explain:

### Signature

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

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### More Information

For more information about eCHN and our privacy policies please call our help desk at 416 813 7998 or visit our web site at [www.echn.ca](http://www.echn.ca)

### Internal Use Only

Date Received: \_\_\_\_\_

Received by whom: \_\_\_\_\_

Tracking Number Assigned: \_\_\_\_\_