



REQUEST A COPY OF MY HEALTH RECORDS

Please mail or fax your completed form to the applicable Health Records location

PLEASE USE FORM REQ-2 IF YOU ARE REQUESTING THE HEALTH RECORDS OF ANOTHER PERSON

Part 1 – Patient Information				
Last Name	First Name, Middle Name(s)	Personal Health Number (Care Card)		
Former Name(s)	Date of Birth (yyyy-mmm-dd)	Phone Number (during business hours)		
Mailing Address (where records will be mailed)		City	Province	Postal Code
If you would like your records sent to another location, please indicate to whom and the address below:				

Part 2 - Records Requested		
2.1 <u>Location(s)</u> you are requesting records from (Hospital, Facility, etc.): For a list of Island Health locations, please visit https://www.islandhealth.ca/our-locations		
2.2 <u>Service(s)</u> you received from which you are requesting records:		
<input type="checkbox"/> Inpatient (Hospital Stays) <input type="checkbox"/> Ambulatory (Hospital Clinics) <input type="checkbox"/> Surgical Daycare <input type="checkbox"/> Emergency Department <input type="checkbox"/> Public Health	<input type="checkbox"/> Diagnostic (e.g., Laboratory, Imaging) <input type="checkbox"/> Home & Community Care <input type="checkbox"/> Residential Care <input type="checkbox"/> Community Mental Health & Substance Use <input type="checkbox"/> DDMHT (Developmental Disability Mental Health Team)	<input type="checkbox"/> Other services (describe below):
2.3 <u>Types of records</u> you are requesting below: (if you are unsure, check "Standard Records Package")		
<input type="checkbox"/> Standard Records Package (As applicable to the service received, you will receive the following types of paper and electronic records: progress notes, clinic notes, specialist consultations, operative/procedural reports, discharge summaries, history and physical, lab and medical imaging results, emergency department records). <input type="checkbox"/> Lab Results <input type="checkbox"/> Medical Imaging Reports (e.g., X-Ray, MRI report) <input type="checkbox"/> Medical Images (CD)		<input type="checkbox"/> Other types of records (describe below):
2.4 <u>Date Range of Records Requested:</u> If you do not know exact dates, please provide best estimate	Date From (yyyy-mmm-dd)	Date To (yyyy-mmm-dd)

Part 3 - Attestation		
I attest that I am requesting <i>my own health records</i> , that I am 12 years of age or older, and that the information I have provided in this form is truthful and accurate.		
_____	_____	_____
Print Name	Signature	Date Signed (yyyy-mmm-dd)

Send your completed form to the Health Records location you are seeking records from.

A list of Health Records locations can be found in our "FOI Officers Contact List" on our public website:

<https://www.islandhealth.ca/about-us/accountability/information-stewardship-access-privacy/accessing-information-records>

Please note the following:

- Requests for health records are typically processed within 30 business days, which is about 43 calendar days. Some requests may take longer due to volume of records, extent of search time, or if insufficient detail has been provided in your request.
- You may be required to provide further proof of identity prior to release of any records such as government photo id. It is Island Health policy to forward requests believed to be fraudulent to the police.
- Please be advised that Island Health is not obliged to provide copies of records that have been previously provided.

Island Health Internal Use Only	
REQUEST #	DATE RECEIVED BY ISLAND HEALTH