



# REQUEST A COPY OF SOMEONE ELSE'S HEALTH RECORDS

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

PLEASE USE FORM REQ-1 IF YOU ARE REQUESTING YOUR OWN HEALTH RECORDS

Part 1 – Requestor Information <i>(your own information)</i>			
Last Name		First Name	
Organization Name if applicable (e.g., Law firm)		Phone Number <i>(during business hours)</i>	
Mailing Address <i>(where records will be mailed)</i>		City	Province Postal Code

Part 2 - Patient Information <i>(information about the patient whose records you are requesting)</i>			
Last Name	First Name, Middle Name(s)	Personal Health Number <i>(Care Card Number)</i>	
Former Name(s)	Date of Birth (yyyy-mmm-dd)	Date of Death, if applicable (yyyy-mmm-dd)	
Last Known Address		City	Province Postal Code

Part 3 - Records Requested	
3.1 <u>Location(s)</u> you are requesting records from (Hospital, Facility, etc.): For a list of Island Health locations, please visit <a href="https://www.islandhealth.ca/our-locations">https://www.islandhealth.ca/our-locations</a>	
3.2 <u>Service(s)</u> you received from which you are requesting records:	
<input type="checkbox"/> Inpatient (Hospital Stays) <input type="checkbox"/> Diagnostic (e.g., Laboratory, Imaging) <input type="checkbox"/> Ambulatory (Hospital Clinics) <input type="checkbox"/> Home & Community Care <input type="checkbox"/> Surgical Daycare <input type="checkbox"/> Residential Care <input type="checkbox"/> Emergency Department <input type="checkbox"/> Community Mental Health & Substance Use <input type="checkbox"/> Public Health <input type="checkbox"/> DDMHT (Developmental Disability Mental Health Team)	<input type="checkbox"/> Other services (describe below):  
3.3 <u>Types of records</u> you are requesting below: <i>(if you are unsure, check "Standard Records Package")</i>	
<input type="checkbox"/> Standard Records Package <i>(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).</i> <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):  
3.4 <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 4 – Patient Consent <i>(age 12 or older)</i>		
I consent to the release of my records identified in PART 3 (Records Requested) of this form to the individual/organization identified in PART 1 (Requestor Information) of this form:		
_____	_____	_____
<b>Patient Name (Print)</b>	<b>Patient Signature</b>	<b>Date Signed (yyyy-mmm-dd)</b>

***If you are requesting records without patient consent, please complete Parts 5 to 7 on the next page***

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

(REQ-2) Request a copy of someone else's Health Records

Information on this form collected under the authority of section 26 (c) of the BC Freedom of Information and Protection of Privacy Act and is used for the purpose of responding to your request. Questions can be directed to the designated FOI officer for the location of the records you are seeking.

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**Part 5 - Purpose of Request** Describe the purpose of your request and how you are acting on behalf of the person you are requesting records for. Attach additional pages if necessary.

**Part 6 – Who may act on behalf of a Person**

Please select or provide **one** situation from category A through E below that best describes in what capacity you are acting on behalf of a person in relation to the purpose of your request described in PART 5.

<b>A) Who may act on behalf of an Adult</b>		<b>B) Who may act on behalf of a Minor (age 11 or younger)</b>	
<input type="checkbox"/> I am the <b>Committee of Person</b> <input type="checkbox"/> I am the <b>Litigation Guardian</b> <input type="checkbox"/> I am the <b>Representative</b> under the <i>Representation Agreement Act</i> <input type="checkbox"/> I am the <b>Power of Attorney</b> (see limits to records access below)		<input type="checkbox"/> I am <b>Guardian</b> under a court order or legal agreement <input type="checkbox"/> I am <b>Guardian</b> as I am the parent who has lived with or regularly cared for this minor and there is no order or agreement removing my guardianship	
<b>C) Who may act on behalf of a Deceased Adult</b>		<b>D) Who may act on behalf of a Deceased Minor (under 19)</b>	
<input type="checkbox"/> I am the <b>Executor or Administrator of Estate</b> <input type="checkbox"/> I am the <b>Committee of Person/Estate</b> If there is no Executor, Administrator of Estate, or Committee of Person, appointed by court order, then the appropriate person falls to the nearest relative who is the <u>first person</u> in the following list who is willing and able to act on behalf of the deceased. I am the: <ul style="list-style-type: none"> <li><input type="checkbox"/> Spouse</li> <li><input type="checkbox"/> Adult Child</li> <li><input type="checkbox"/> Parent</li> <li><input type="checkbox"/> Adult Brother or Sister</li> <li><input type="checkbox"/> Other Adult Relation (describe below)</li> </ul>		<input type="checkbox"/> I am <b>Executor or Administrator of Estate</b> <input type="checkbox"/> I am <b>Guardian</b> under a court order or legal agreement <input type="checkbox"/> I am <b>Guardian</b> as I am the parent who lived with or regularly cared for this minor and there is no order or agreement removing my guardianship If there is no Executor, Administrator of Estate, or Guardian, then the appropriate person falls to the nearest relative who is the <u>first person</u> in the following list who is willing and able to act on behalf of the deceased. I am the: <ul style="list-style-type: none"> <li><input type="checkbox"/> Parent (but not guardian)</li> <li><input type="checkbox"/> Adult Brother or Sister</li> <li><input type="checkbox"/> Other Adult Relation (describe below)</li> </ul>	
<b>E) Other Adult Relationship to patient/deceased</b> (attach additional pages or records if necessary)			

**IMPORTANT INFORMATION** – You are required to submit legal documentation for the selection that you have made in sections A through E in Part 6 above. For example, if you are the executor for the patient, you must submit the pages of the Will which show you as the executor to the Will as well as the pages showing that the Will has been signed and executed. If there are multiple executors who must act jointly to a Will, all executors will be required to sign this request. If you are requesting information for a minor who is age 12 or older, the minor must sign the Patient Consent in Part 4 of this form. **Island Health is only authorized to release records necessary to support the scope of the duties or powers granted to you and limited to your stated purpose. Access to records that are not necessary to support your granted duties, powers and stated purpose will not be provided.**

**Part 7 – Requestor Attestation**

I attest that I have the legal authority to act on behalf of the patient and that the information I have provided is truthful and accurate.

_____	_____	_____
<b>Requestor Name (Print)</b>	<b>Requestor Signature</b>	<b>Date Signed (yyyy-mmm-dd)</b>
_____	_____	_____
<b>Co-Requestor Name (If Applicable)</b>	<b>Co-Requestor Signature (If Applicable)</b>	<b>Date Signed (yyyy-mmm-dd)</b>

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

**A list of Health Records locations can be found in the “FOI Officers Contact List” on the 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.

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