REQUEST A COPY OF EMPLOYEE RECORDS

Please ensure all applicable fields are completed to avoid delays with your request

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

Part 1 – Requestor Information *(Who is making the request – for example, a law firm)*

Last Name	First Name		
Organization Name if applicable (e.g., Law firm)		Phone Number	
Email Address (you will receive records by Kiteworks Secure E-mail File Transfer)			
If you require paper copies of the records, please provide your mailing address below			
Mailing Address (where records will be mailed)	City	Province	Postal Code

Part 2 - Employee Information *(information about the employee whose records are being sought)*

Last Name	First Name, Middle Name(s)	Employee ID
Phone Number	Date of Birth (yyyy-mmm-dd)	Date of Death, if applicable (yyyy-mmm-dd)

Part 3 - Records Requested

3.1 Standard Employee Records: Check all of the standard employee record types that you are requesting

☐ Payroll Records	☐ Job Description Records
☐ HR Employment File & Benefits Records	☐ Occupational Health & Safety Records

3.2 Non-Standard Employee Records: Describe other types of records you are seeking. Please be specific and provide where Island Health should search for the records you are seeking. Non-Standard Employee Record Requests typically take longer to process than Standard Employee Record Requests.

3.3 Date Range of Records Requested:	Date From (yyyy-mmm-dd)	Date To (yyyy-mmm-dd)

Part 4 – Employee Consent

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:

Note: if you are a law office or legal representative, an attached signed authorization or legal authorization is also acceptable

Employee Name (Print)	**Employee Signature**	**Date Signed (yyyy-mmm-dd)**

Requests for 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. For example, requests such as 'all my other documents' may not be possible to process without specific search criteria and details of the records being sought. Requests that involve searching corporate records (e.g., 'all my work e-mails') may attract fees as permitted by FIPPA.

When you have completed this form, please send it to: E-mail to: FOI@islandhealth.ca | Fax to: 250-519-1908 | Mail to: Att. Information Stewardship, Access & Privacy; 1952 Bay Street; Victoria, BC, Canada, V8R 1J8

If you have questions, please call 250-370-8585

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.