

Use this form to submit a request for your own health information or if you are requesting health information on behalf of a resident/client. Requests are usually processed within 30 days. Processing time may vary depending on complexity of the request and volume of records. Fees are charged for processing a request for information. See reverse for instructions on completion and payment.

Photo identification (ID) or two pieces of non-photo ID is required to confirm identity. If you are faxing or mailing in your request, please make sure photocopies are clear.

Requester/Client Information

Last Name	First Name
Birthdate (YYYYMMDD)	Personal Health Number

Requester Information Same as above

Last Name	First Name		
Mailing Address			
City/Town	Province	Postal Code	Phone

Information Requested

Name of Caregiver Facility	UIC Program or Area of Interest	Time Period of Records
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Indicate the records or information you want (attach a separate sheet of paper if you need more space)

Mail information to above address The information will be picked up (ID required) Note: Information is held for 2 weeks then mailed

Complete this section only when you are requesting someone else's health information

What is your relationship to the resident/client?

What is the reason for disclosure?