Interior Health

Freedom of Information and Protection of Privacy
Request for Access to Personal Health Records-Lab

You may make a request for access to records without using this form, provided you do so in writing.
Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of responding to your request.

Name *(First/Middle/Last)*	Date of Birth *(dd/mm/yyyy)*
Complete Mailing Address *(City/Town/Province/Country/Postal Code)*	PHN *(Personal Health Number/Care Card Number)*
	Daytime Phone Number
	Alternate Phone Number

Information Requested

Information to be provided to	Result: ☐ INR ☐ CBC Visit: ☐ Duration of Standing Order ☐ Most recent Laboratory Visit Visit Date _____
Name *(First/Middle/Last)*	
Phone Number	Are you requesting access to another person's personal information? ☐ Yes ☐ No
Complete Mailing Address *(City/Town/Province/Country/Postal Code)*	If yes, please attach ☐ That person's signed consent for disclosure OR ☐ Proof of authority to act on that person's behalf
	Preferred Method of Delivery ☐ Verbal ☐ Pick Up Copy
Requestor's Signature	Date Signed *(dd/mm/yyyy)*

For INR and CBC results, retain completed form in laboratory.

Please return completed form to your local laboratory.

Interior Health Use ONLY

Request Number	Date Received *(dd/mm/yyyy)*	Request Category ☐ Access to General Information ☐ Access to Personal Information

Clear Form Print Form