

DECLARATION OF STATUS TO ACCESS RECORDS OF INCAPABLE MINORS/ADULTS OR DECEASED CLIENTS

(To be submitted with Authorization for Release of Information)

- Please check the appropriate box below to indicate what authority you have to act on behalf of the client.
- You must be the highest ranking individual shown on the list and **proof of status must be provided.**
- Please note that if any dispute exists, or there is confusion about status, we must deny access. Applicants may appeal our decision with the Office of the Information & Privacy Commissioner.
- This form is not required if the request for records is made under the Coroner's Act; the Child, Family and Community Services Act; or other statute.

HEIRARCHY OF AUTHORIZATION

Complete if client is under the age of 19 years and does not have the ability to consent

- Parent with whom the child primarily resides
- Parent with whom the child does not reside with but has guardianship
- Legal Guardian granted by Court Order or Separation Agreement

Complete if patient/client is deceased

Personal Representative:

- Executor/Executrix of the Will
- Personal Representative (Committee - Letters of Probate not yet granted)
- Court Appointed Administrator of Estate

Nearest relative:

- Spouse (married to and residing with client at time of client's death)
- Common law and/or same sex spouse (residing with client in a marriage like relationship at the time of client's death)
- Adult Child of Client
- Parent of Client
- Adult Brother or Sister of Client
- Other Adult by Birth or Adoption - Specify:

Complete if patient/client is incapable of exercising information rights

- Personal Representative (Committee of Person)
- Personal representative (Committee of Estate)
- Representative with legal authority (Representation Agreement)
- Temporary Substitute Decision Maker (chosen by a Health Care Provider – only for information related to specific health care decision)
- Spouse (including common law and/or same sex partner residing with the client in a marriage like relationship)
- Adult Child of Client
- Adult Parent of Client
- Adult Brother or Sister of Client
- Other Adult by Birth or Adoption – Specify:

Name (please print): _____ Phone Number: _____

Address: _____

City: _____ Postal Code: _____

Date (month/day/year): _____

Signature