

# How to Submit a Request for Access to Personal Health Records

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Please note: Submissions will be returned if all required parts have not been completed. Do not send duplicate requests, as this will only delay your authorization.

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## Step 1: Complete the Following Parts on the Authorization Form (IH form 827025)

**Part 1: Patient Information:** The purpose of this section is to collect information on the patient whose records are being requested. All fields must be completed.

- Please provide a daytime telephone number, as we may need to contact the patient to properly process the request.

**Part 2: Records Requested:** The purpose is to gather specific details on what records are being requested. All fields must be completed.

- Provide the name of the hospital/facility from which you are requesting copies of records.
- Check all boxes corresponding to copies of the records you would like to receive. If additional documentation is requested please select OTHER and provide as much detail as possible.
- If you do not know the exact date(s) of the records you are requesting, provide a date range based on your best estimate.

### Part 3: Person Receiving Copies

**of Records:** The purpose is to collect information on who will be receiving the copies of the patient's records. All fields must be completed.

- Please include a daytime telephone number and a return address where the person receiving the copies of records can be reached.

**Part 4: Patient Authorization:** The purpose is to obtain valid, signed consent from the patient. Patient authorization is required if the patient is involved in decisions about care or has provided consent for care.

**Parents / guardians:** Consent from the patient's guardian is required if the patient is under 19 years of age, incapable of exercising their information rights, not actively involved in decisions about health care, and has not provided consent for care.

**Part 5: Authorization on Behalf of the Patient:** The purpose is to establish legal authority, intent, and obtain valid signed consent from the person authorized to act on behalf of the patient. If you are requesting copies of records on behalf of another person, the declaration on Page 2 must be signed, all applicable fields must be completed, and copies of supporting documentation provided. If the patient is a child under the age of majority or otherwise unable to consent (e.g., mentally incompetent, deceased), you must provide reasoning indicative of acting in the patient's best interest. If you require more space, please attach an additional sheet of paper to your authorization form. It is imperative that you include copies of any documentation to support your request.

- If your child is under the age of majority, you may be asked to provide supporting documentation proving you are a guardian. Acceptable supporting documentation should include, but is not limited to, a letter from a lawyer, school teacher, or a doctor stating that they have knowledge that you are a guardian.

# How to Submit a Request for Access *(continued)*

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Please note that Section 40 of the Family Law Act states that a child's guardian may exercise all guardian responsibilities as long as they do so in consultation with the child's other guardian(s), unless consultation would be unreasonable or inappropriate in the circumstances.

- If an adult patient is incapable of giving consent, any of the following, acting within the scope of their duties or powers, may provide authorization on behalf of an adult provided the request is made on behalf of the patient and in the best interest of the patient:
  - Committee of Person/of Estate: Appointed by court order (where records are required to carry out committee's duties).
  - Litigation Guardian: Where records are required for litigation purposes.
  - Temporary Substitute Decision Maker: Chosen by a Health Care Provider – only for information related to specific health care decisions.
  - Representative under a Representation Agreement: Where records are required to carry out representative's duties.

Each request is reviewed on a case-by-case basis. If none of the above has been appointed, the requestor must provide a detailed explanation regarding their relationship to the patient and intended use of the records.

- If you are requesting the records of a deceased patient: You **MUST** ensure that your submission also includes the following:
  - A copy of the deceased patient's will, letters of probate, or letters of administration naming you (or the requestor) as the deceased patient's representative.
  - If no personal representative is named, you may act on the deceased's behalf if you are the nearest relative of the deceased patient. Those who may act for the deceased patient have priority

in the following order: spouse, common law/same sex partner, oldest living child (capable of exercising their information rights, actively involved in decisions about health care, and has provided consent for care), parent, sibling, and lastly, any other next of kin who have reached the age of majority.

- Health care records are an individual's personal record and considered private. Upon death, a person does not lose their legal right to privacy. We are required by law to obtain a comprehensive explanation for the reason you are seeking the deceased patient's records, including an explanation of how you are acting in the deceased patient's best interests.
- If you are the personal representative or nearest relative of the deceased patient you must print your full name, sign and date this section.

All requests for records of deceased patients are reviewed on a case-by-case basis; therefore, it is imperative that the requestor provide as much information as possible.

The signature box on the bottom of page 2 (part 5d) must be filled in with date, printed name, and signature along with the reason for request. Please verify using the tick boxes that you have indicated your relationship to the patient and provided supporting documentation (if applicable).

## **Step 2: Submit your completed request to each hospital / facility you are requesting your records from**

Please call the main phone number of the facility where you received your care/ treatment and ask to be transferred to the Health Records Department. They will be able to assist you with submitting your request. A location search is available on the IH Website at:

<https://www.interiorhealth.ca/locations>