

AUTHORIZATION FOR THE RELEASE OF HEALTH RECORDS

**Please fax or mail your completed request to each hospital/facility you are requesting records from. ATTENTION:
Health Information Management, Release of Information Office**

Part 1. Patient / Resident Information			
LAST NAME OF PATIENT	FIRST NAME	ALSO KNOWN AS / ALIAS	
MAILING ADDRESS		CITY / PROVINCE / COUNTRY	POSTAL CODE
TELEPHONE NO. (INCLUDING AREA CODE)	DATE OF BIRTH DAY MONTH YEAR	PERSONAL HEALTH NUMBER (CARECARD)	

Part 2. Records Requested	
HOSPITAL(S)/FACILITY:	
<input type="checkbox"/> VISIT SUMMARY	<input type="checkbox"/> EMERGENCY VISIT INFORMATION
<input type="checkbox"/> DIAGNOSTIC REPORTS (LAB/RADIOLOGY)	
<input type="checkbox"/> PROOF OF VISIT (fees may apply)	<input type="checkbox"/> OUTPATIENT <input type="checkbox"/> OTHER (PLEASE SPECIFY):
DATE(S) OF RECORDS REQUESTED: _____ TO _____ If you do not know exact dates please provide your best estimate	

Part 3. Person Receiving Records	
<input type="checkbox"/> MYSELF OR <input type="checkbox"/> NAME OF PERSON RECEIVING THE RECORDS (LAST, FIRST)	NAME OF COMPANY OR ORGANIZATION (IF APPLICABLE)
MAILING ADDRESS	CITY / PROVINCE / COUNTRY
TELEPHONE NO. (INCLUDING AREA CODE)	POSTAL CODE
RECORDS TO BE: <input type="checkbox"/> MAILED <input type="checkbox"/> PICKED UP (Picture ID Required)	

Part 4. Patient Authorization (12 years of age or older)
<p>I, the patient, authorize the Hospital(s)/Facility to release the records requested to the person named in the "Person Receiving Records" section.</p> <p>SIGNATURE OF PATIENT: _____ DATE SIGNED: _____</p>

Part 5. Authorization on behalf of Patient (Please complete page 2 of form)
(If patient is under 12 years of age or unable to authorize the release of personal information.)
<p>By signing below I confirm that I have legal authority to act on behalf of the patient and I hereby authorize the Hospital(s)/Facility to release the records requested to the person named in the "Person Receiving Records" section.</p> <p><input type="checkbox"/> I have indicated my relationship to the patient on page 2 of this form; and</p> <p><input type="checkbox"/> If applicable, I have attached documentation to show my status as legal representative or guardian (e.g. copy of Will, court order, legal agreement, or other documentation).</p> <p>REASON FOR REQUEST: _____</p> <p>YOUR FULL NAME: _____</p>

YOUR SIGNATURE: _____ DATE SIGNED: _____

Internal Use Only			
ID OBSERVED: <input type="checkbox"/> DL <input type="checkbox"/> Other: (specify) _____	PATIENT/REP SIGNATURE (on pickup)	DATE OF RELEASE	STAFF INITIAL

This authorization must be signed by the patient/resident/authorized representative and must be dated within 6 months of the request being submitted. The BC Freedom of Information and Protection of Privacy Act (FIPPA) allows (30) business days to respond to all requests.

Personal Information contained on this form is collected under s. 26(c) of FIPPA and will be used only for the purpose of responding to your request. If you

have questions please contact the Health Information Management Release of Information Office.

EPHCMR091



Complete this side only if Part 5 on front of form is completed

Authorization on behalf of an incapable adult
<p>Any of the following, acting within their duties or powers, may provide authorization on behalf of an adult:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Committee appointed by court order (where records are required to carry out committee’s duties) <input type="checkbox"/> Litigation Guardian (where records are required for litigation) <ul style="list-style-type: none"> <input type="checkbox"/> Representative under a Representation Agreement (where records are required to carry out representative’s duties) <u>If none of the above have been appointed, please explain relationship to patient and intended use of records:</u>
Authorization on behalf of an incapable minor
<p>Complete this section if patient is a minor:</p> <ul style="list-style-type: none"> · under 12; or · under 19 and not actively involved in decisions about health care. <p>Note: Patient authorization is required if patient is involved in decisions about care or has provided consent for care.</p> <p>Guardian:</p> <ul style="list-style-type: none"> <input type="checkbox"/> by court order <input type="checkbox"/> under a legal agreement <input type="checkbox"/> parent who has lived with or regularly cared for child and there is no order or agreement removing my guardianship
Authorization on behalf of a deceased patient

Deceased Adult

Executor or Administrator of Estate

If there is no **Executor or Administrator of Estate, Committee of Person**, appointed by court order If
there is no Executor, Administrator of Estate or Committee:

Nearest Relative: first person referred to in the following list who is willing and able to act on behalf of
deceased:

- Spouse
- Adult child
- Parent
- Adult brother or sister
- Other adult relation other than by marriage: _____
- An adult immediately related by marriage: _____

Deceased Minor (under 19)

Executor or Administrator of Estate

If there is no Executor or Administrator of Estate, **Guardian** (appointed by court, under an agreement, or a parent
who has lived with or regularly cared for child)

If there is no Executor, Administrator of Estate or Guardian:

Nearest Relative: first person who is willing and able to act on behalf of deceased:

- Spouse
- Parent
- Adult brother or sister
- Other adult relation other than by marriage: _____ An adult immediately related by
marriage: _____

**PLEASE FAX OR MAIL YOUR REQUEST TO EACH HOSPITAL/FACILITY YOU ARE REQUESTING RECORDS FROM
ATTENTION: HEALTH INFORMATION MANAGEMENT, RELEASE OF INFORMATION OFFICE**

Abbotsford Regional Hospital
32900 Marshall Rd, Abbotsford, BC V2S 0C2
Fax: (604) 851-4902 Tel: (604) 851-4700, Ext 646790

Forensic Psychiatric Hospital
70 Colony Farm Rd, Coquitlam, BC V3C 5X9
Fax: (604) 523-7897 Tel: (604) 524-7732

BC Children's Hospital and BC Women's Hospital
4500 Oak St, Vancouver, BC V6H 3V5
Fax: (604) 875-2662 Tel: (604) 875-3450

Fraser Canyon Hospital
1275 7 Ave, Hope, BC V0X 1L4
Fax: (604) 860-7710 Tel: (604) 860-7729

BCCA – Abbotsford
32900 Marshall Rd, Abbotsford, BC V2S 0C2
Fax: (604) 851-4738 Tel: (604) 851-4710, Ext 645176

GF Strong Rehab Centre
4255 Laurel St, Vancouver, BC V5Z 2G9
Fax: (604) 731-5091 Tel: (604) 714-4158

BCCA – Fraser Valley
13750 96 Ave, Surrey, BC V3V 1Z2
Fax: (604) 930-4096 Tel: (604) 930-4073

Holy Family Hospital (c/o St. Paul's Hospital)
1081 Burrard St, Vancouver, BC V6Z 1Y6
Fax: (604) 806-9015 Tel: (604) 806-8099

BCCA – Kelowna
399 Royal Ave, Kelowna, BC V1Y 5L3
Fax: (250) 712-3977 Tel: (250) 712-3900
If your last name starts with A-L, Ext 686822
If your last name starts with M-Z, Ext 686814

Langley Memorial Hospital
22051 Fraser Hwy, Langley, BC V3A 4H4
Fax: (604) 533-6458 Tel: (604) 534-4121, Ext 745272

BCCA – Prince George
1215 Lethbridge St, Prince George, BC V2M 7E9
Fax: (250) 645-7366 Tel: (250) 645-7316

Lion's Gate Hospital
231 E. 15th St, North Vancouver, BC V7L 2L7
Fax: (604)984-5718 Tel: (604) 984-5719

BCCA – Vancouver
600 W. 10th Ave, Vancouver, BC V5Z 4E6
Fax: (604) 877-0702 Tel: (604) 877-6000, Ext 672334

Mission Memorial Hospital
7324 Hurd St, Mission, BC V2V 3H5
Fax: (604) 826-4043 Tel: (604) 814-5166

BCCA – Victoria
2410 Lee Ave, Victoria, BC V8R 6V5
Fax: (250) 519-2033 Tel: (250) 519-5589

Mt. St. Joseph's Hospital (c/o St. Paul's Hospital)
1081 Burrard St, Vancouver, BC V6Z 1Y6
Fax: (604) 806-9015 Tel: (604) 806-8099

Burnaby Hospital
3935 Kincaid St, Burnaby, BC V5G 2X6
Fax: (604) 412-6177 Tel: (604) 412-6219

Peace Arch Hospital
15521 Russell Ave, White Rock, BC V4B 2R4
Fax: (604) 535-4535 Tel: (604) 535-4506, Ext 757547

Chilliwack General Hospital
45600 Menholm Rd, Chilliwack, BC V2P 1P7
Fax: (604) 795-4136 Tel: (604) 702-4753, ext 614753

Pemberton Health Centre
1403 Portage Rd, Pemberton, BC V0N 2L0
Fax: (604) 894-0063 Tel: (604) 894-6939

Delta Hospital
Mountain View Blvd, Delta, BC V4K 3V6
Fax: (604) 946-8642 Tel: (604) 946-1121, ext 783525

Powell River General Hospital
5000 Joyce Ave, Powell River, BC V8A 5R3
Fax: (604) 485-3252 Tel: (604) 485-3211, Ext 4312 5800

Eagle Ridge Hospital
475 Guildford Way, Port Moody, BC V3H 3W9
Fax: (604) 469-3205 Tel: (604) 469-3239

Richmond Hospital
7000 Westminster Hwy, Richmond, BC V6X 1A2
Fax: (604) 244-5196 Tel: (604) 244-5108

Ridge Meadows Hospital

11666 Laity St, Maple Ridge, BC V2X 5A3
Fax: (604) 463-1830 Tel: (604) 466-7902

Riverview Hospital (c/o Forensic Psychiatric Hospital)

70 Colony Farm Rd, Coquitlam, BC V3C 5X9
Fax: (604) 523-7897 Tel: (604) 524-7732

Royal Columbian Hospital

330 E. Columbia St, New Westminster, BC V3L 3W7
Fax: (604) 520-4724 Tel: (604) 520-4431, Ext 525886

R.W. Large Memorial Hospital

88 Waglisla St, Bella Bella, BC V0T 1Z0
Fax: (250) 957-2612 Tel: (250) 957-2314

St. Paul's Hospital

1081 Burrard St, Vancouver, BC V6Z 1Y6
Fax: (604) 806-9015 Tel: (604) 806-8099

Sechelt Hospital

5544 Sunshine Coast Hwy, Sechelt, BC V0N 3A0
Fax: (604) 885-8601 Tel: (604) 885-2224, Ext 4254

Squamish General Hospital

38140 Behrner Dr, Squamish, BC V8B 0C8
Fax: (604) 892-6072 Tel: (604) 892-6018

Sunny Hill Health Centre

3644 Slocan St, Vancouver, BC V5M 3E8
Fax: (604) 453-8305 Tel: (604) 453-8350

Surrey Memorial Hospital/Jim Pattison Outpatient Care and Surgery Centre

13750 96 Ave, Surrey, BC V3V 1Z2
SMH: Fax: (604) 588-3387 Tel: (604) 585-5666, Ext 772426
JPOC: Fax: (604) 582-3749 Tel: (604) 582-4550, EXT 763843

UBC Hospital

2211 Wesbrook Mall, Vancouver, BC V6T 1Z3
Fax: (604) 822-7284 Tel: (604) 822-7248

Vancouver General Hospital

855 W. 12th Ave, Vancouver, BC V5Z 1M9
Fax: (604) 875-5635 Tel: (604) 875-4109

Vancouver Community and Mental Health Records

200-520 W. 6th Ave, Vancouver, BC V5Z 4H5
Fax: (604) 874-7622 Tel: (604) 708-5264