

## CORRECTIONAL HEALTH SERVICES REQUEST FOR ACCESS TO HEALTH INFORMATION

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. If you have any question about the collection, use or disclosure of this information, please call 604-524-7977.

**You may make a request for access for health information without using this form, provided you do so in writing. Including the information requested on this form will enable us to respond to your request more quickly.**

**Please select the specific Correctional Health Services site(s) that you are requesting health information from:**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Alouette Correctional Centre for Women</b> | <input type="checkbox"/> <b>Ford Mountain Correctional Centre</b>             |
| <input type="checkbox"/> <b>Fraser Regional Correctional Centre</b>    | <input type="checkbox"/> <b>Kamloops Regional Correctional Centre</b>         |
| <input type="checkbox"/> <b>Nanaimo Correctional Centre</b>            | <input type="checkbox"/> <b>North Fraser Pretrial Centre</b>                  |
| <input type="checkbox"/> <b>Okanagan Correctional Centre</b>           | <input type="checkbox"/> <b>Prince George Regional Correctional Centre</b>    |
| <input type="checkbox"/> <b>Surrey Pretrial Services Centre</b>        | <input type="checkbox"/> <b>Vancouver Island Regional Correctional Centre</b> |

### YOUR NAME, ADDRESS AND CONTACT INFORMATION:

<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs  <input type="checkbox"/> Mr <input type="checkbox"/> Other	<b>LAST NAME</b>  	<b>FIRST NAME</b>  
<b>MIDDLE NAME</b>  	<b>Any other name(s) you are also known as:</b>  	
<b>ADDRESS</b> (If you're requesting your personal health information, please indicate your current address at the time of the request. If you're currently residing in a Correctional Centre please indicate the name of the Correctional Centre).		
<b>CITY/TOWN</b>  	<b>PROVINCE</b>  	<b>POSTAL CODE</b>  
<b>DAY PHONE NUMBER</b>  	<b>ALTERNATE PHONE NUMBER</b>  	

**INFORMATION REQUESTED - Describe the records you are requesting. Be as specific as possible. Attach a separate sheet if you need more space.**

**SPECIFY TIME FRAME FOR RECORDS:**

FROM (YYYY/MM/DD)

TO (YYYY/MM/DD)

A request for access to records must provide sufficient detail to enable identification of the records sought. In order to identify the health records being sought, it is often necessary to match unique identifiers provided by an applicant with information in their file(s).

Please check ☒ box if you are requesting information for Yourself? or on Another Person?. Fill in the relevant information. Attach the applicable documents if requesting Another Person's information:

<input type="checkbox"/> <b>YOURSELF?</b> (requesting your personal health information)	DATE OF BIRTH (YYYY/MM/DD)	CORRECTION SERVICE NUMBER (IF APPLICABLE)
	OTHER UNIQUE IDENTIFIER (IF APPLICABLE)	

<input type="checkbox"/> <b>*ANOTHER PERSON?</b> (requesting someone else's health information)	OTHER PERSON'S FULL NAME	DATE OF BIRTH (YYYY/MM/DD)
<b>*ATTACH DOCUMENT(S)</b> providing proof you can act on the other person's behalf.	1. <i>THE OTHER PERSON'S SIGNED CONSENT FOR DISCLOSURE</i> OR 2. <i>PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF.</i>	

<b>YOUR SIGNATURE</b>	DATE SIGNED (YYYY/MM/DD)
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Submit completed request (and documents if acting on another person's behalf) to Correctional Health Services (CHS) c/o Health Information Management:

Mailing Address:  
CHS Health Information Requests  
c/o FPH HIM  
70 Colony Farm Road  
Coquitlam, BC V3C 5X9

Fax: 604-524-7913  
Phone: 604-524-7944  
Email: [CHS.FOI.Requests@phsa.ca](mailto:CHS.FOI.Requests@phsa.ca)