

## 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**

<b>Part 1. Patient / Resident Information</b>			
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)	
<b>Part 2. Records Requested</b>			
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			
<b>Part 3. Person Receiving Records</b>			
<input type="checkbox"/> MYSELF <b>OR</b> <input type="checkbox"/> NAME OF PERSON RECEIVING THE RECORDS (LAST, FIRST)		NAME OF COMPANY OR ORGANIZATION (IF APPLICABLE)	
MAILING ADDRESS		CITY / PROVINCE / COUNTRY	POSTAL CODE
TELEPHONE NO. (INCLUDING AREA CODE)	RECORDS TO BE: <input type="checkbox"/> MAILED <input type="checkbox"/> PICKED UP (Picture ID Required)		
<b>Part 4. Patient Authorization (12 years of age or older)</b>			
I, the patient, authorize the Hospital(s)/Facility to release the records requested to the person named in the "Person Receiving Records" section.			
SIGNATURE OF PATIENT: _____		DATE SIGNED: _____	
<b>Part 5. Authorization on behalf of Patient (Please complete page 2 of form)</b>			
(If patient is under 12 years of age or unable to authorize the release of personal information.)			
<b>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.</b>			
<input type="checkbox"/> I have indicated my relationship to the patient on page 2 of this form; and			
<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).			
REASON FOR REQUEST: _____			
YOUR FULL NAME: _____			
YOUR SIGNATURE: _____		DATE SIGNED: _____	
<b>Internal Use Only</b>			
ID OBSERVED:	PATIENT/REP SIGNATURE (on pickup)	DATE OF RELEASE	STAFF INITIAL
<input type="checkbox"/> DL <input type="checkbox"/> Other: (specify) _____			

*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.*

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

## Authorization on behalf of an incapable adult

Any of the following, acting within their duties or powers, may provide authorization on behalf of an adult:

- Committee** appointed by court order (where records are required to carry out committee's duties)
- Litigation Guardian** (where records are required for litigation)
  - Representative** under a Representation Agreement (where records are required to carry out representative's duties) If none of the above have been appointed, please explain relationship to patient and intended use of records:

## Authorization on behalf of an incapable minor

Complete this section if patient is a minor:

- under 12; or under 19 and not actively involved in decisions about health care.

Note: Patient authorization is required if patient is involved in decisions about care or has provided consent for care.

### Guardian:

- by court order
- under a legal agreement
- parent who has lived with or regularly cared for child & 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

**BC Children's Hospital and BC Women's Hospital**

4500 Oak St, Vancouver, BC V6H 3V5  
Fax: (604) 875-2662 Tel: (604) 875-3450

**BCCA – Abbotsford**

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

**BCCA – Fraser Valley**

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

**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

**BCCA – Prince George**

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

**BCCA – Vancouver**

600 W. 10<sup>th</sup> Ave, Vancouver, BC V5Z 4E6  
Fax: (604) 877-0702 Tel: (604) 877-6000, ext. 672334

**BCCA – Victoria**

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

**Burnaby Hospital**

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

**Chilliwack General Hospital**

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

**Delta Hospital**

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

**Eagle Ridge Hospital**

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

**Forensic Psychiatric Hospital**

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

**Fraser Canyon Hospital**

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

**GF Strong Rehab Centre**

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

**Holy Family Hospital (c/o St. Paul's Hospital)**

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

**Langley Memorial Hospital**

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

**Lions Gate Hospital**

231 E. 15<sup>th</sup> St, North Vancouver, BC V7L 2L7  
Fax: (604)984-5718 Tel: (604) 984-5719

**Mission Memorial Hospital**

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

**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

**Peace Arch Hospital**

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

**Pemberton Health Centre**

1403 Portage Rd, PO Box 8, Pemberton, BC V0N 2L0  
Fax: (604) 894-0063 Tel: (604) 894-6939

**qathet General Hospital**

5000 Joyce Ave, Powell River, BC V8A 5R3  
Fax: (604) 485-3252  
Tel: (604) 485-3211, ext. 43125800

**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 0J3  
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, V3Z 1Z2  
SMH: Fax: (604) 588-3387  
SMH Tel: (604) 585-5666, ext. 772426  
JPOC Fax: (604) 582-3749  
JPOC 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. 12<sup>th</sup> Ave, Vancouver, BC V5Z 1M9  
Fax: (604) 875-5635 Tel: (604) 875-4109

**Vancouver Community and Mental Health Records**

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