



Privacy Request Form – British Columbia

Requester's Contact Information:

Name: _____

Street/P.O. Box: _____

City & Province: _____ Postal Code: _____

Phone: _____ E-mail: _____

May we leave messages for you at the phone number above (circle one): yes / no

How would you prefer to be contacted? By (circle one): mail / phone / e-mail

Additional Information (only if relevant to request):

Date of birth (dd/mm/yyyy): _____ Care Card #: _____

Address where incident occurred: _____

Date of incident (dd/mm/yyyy): _____

Type of Request:

- Amend Personal Information** – I am requesting that LifeLabs correct my PI, as explained below...
- Complaint/Concern** – I have a complaint/concern related to LifeLabs' compliance with Privacy legislation, as explained below...
- Use/Disclosure** – I am requesting an accounting of individuals or organizations to whom my PI has been disclosed, as explained below...

Note: it may take up to thirty (30) days to process your completed request, once received.

Details – Please explain the nature of your request or concern, providing as much detail as you can to assist in providing our response. Attach extra pages and/or other pertinent information as necessary.

Requester Signature: _____ Date: _____

Staff Use Only:

If patient is presenting this form at a PSC, send via internal mail to: **Privacy Office at 100 International Blvd.**



SUBMITTING PRIVACY-RELATED REQUESTS AND CONCERNS (B.C.)

LifeLabs is a national medical laboratory services company. Each year, we perform over 100 million laboratory tests, for over 19 million patients.

In British Columbia, the handling of Personal Health Information (PHI) is governed by the Personal Information Protection Act of 2003 (PIPA). LifeLabs strives to comply with PIPA in everything we do, particularly when responding to privacy-related questions or concerns from our customers.

This form is to be completed by individuals seeking to:

- Request a change/correction to their Personal Information (PI) in LifeLabs' systems.
- Submit a complaint or concern about LifeLabs' privacy-related practices and/or compliance with applicable privacy legislation.
- Request an accounting of the use and disclosure of their PI.

FILLING OUT THE PRIVACY REQUEST FORM

Once you have a copy of the Privacy Request Form, take these steps:

1. Fill in the form as completely as you can, and sign where indicated.
2. If presenting the form at a Patient Service Centre, hand it directly to an employee at the front desk.
3. If mailing form, send to the address below.

In compliance with PIPA, completed requests will be processed, and a response mailed out within thirty (30) days. Incomplete forms will be sent back to the requester, with a letter explaining any deficiency.

FOR MORE INFORMATION

For more information about our Privacy-related practices, please visit our website at **www.lifelabs.com** and click on the "Privacy" link at the bottom of the page. If you have detailed questions, please feel free to contact us by e-mail at: **privacy@lifelabs.com** or by regular mail at:

LifeLabs
Attn: Privacy Office
100 International Blvd.
Toronto, British Columbia, M9W 6J6

For help in completing this form, or acquiring additional copies, please call our Client Information Centre at:

604-431-7206 or toll free at **1-800-431-7206**