



Request for Access to Personal Health Information (ON & BC)

Please complete the form and submit it with a copy of identification to the appropriate address.

PART 1: CUSTOMER INFORMATION

Legal First Name:	Middle Name:	Legal Last Name:
Preferred Name (alias):	Date of Birth (MM/DD/YYYY):	Healthcard/BC Services Card Number:
Address:		Unit No.:
City:	Province:	Postal Code:
Telephone Number:	Email Address:	

Preferred pronouns (optional):

He/Him/His She/Her/Hers They/Them/Theirs Other (specify):

Note: To process your request, we require a copy of valid identification and/or additional documentation to prove valid legal authority when acting on behalf of another person where applicable. See Part 6 for further details.

PART 2: RECORDS REQUESTED

Dates of Service Requested:	Lab Visit Number (if known):
Are the records you are requesting related to a self-pay/direct pay test(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, include invoice/order number:	
Please indicate your preferred method of communication: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email	
Permission to leave voicemail: <input type="checkbox"/> Yes <input type="checkbox"/> No	
How would you like to receive your records? <input type="checkbox"/> Mail <input type="checkbox"/> Email	

Note: The Information and Privacy Commissioner of Ontario allows an organization to charge a fee for access to their health records. The fee schedule is further described below in Part 7. Note that fees are not applicable to self-pay/direct pay tests.

PART 3: AUTHORIZED REPRESENTATIVE / SUBSTITUTE DECISION MAKER (E.G., PARENT, GUARDIAN, SPOUSE)

To be completed only if you are requesting copies of records on behalf of another person and have their consent and/or valid legal authority to do so.

Full Name:		
Relationship to Patient/Client:		Phone Number:
Address:		Unit No.:
City:	Province:	Postal Code:
Signature:		Date (MM/DD/YYYY):

PART 4: CUSTOMER AUTHORIZATION

I agree that I am over the age of 12 and I am capable of consenting to the collection, use, and disclosure of my personal information/personal health information.

I authorize the release of the records to myself.

I authorize LifeLabs to release the records requested to the person named in Part 3.

Full Name:	Signature:	Date: (MM/DD/YYYY):
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PART 5: RETURN THE COMPLETED FORM TO THE APPROPRIATE LOCATION

Ontario Customer Care Centre - KRL 6560 Kennedy Road Mississauga, ON L5T 2X4 Email: contactus@lifelabs.com	British Columbia Resource Centre 7455 130 St. Surrey, BC V3W 1H8 Email: patientaccessrequests@lifelabs.com
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Information collected on this form will be used and/or disclosed in accordance with applicable privacy legislation for the purpose of responding to and processing your request, including verifying your identity, searching for records, and enabling payment. By providing your email address, you are consenting to receiving emails from LifeLabs and/or its agents related to this request. You acknowledge that sending e-mail over the Internet is not secure as it can be intercepted and/or manipulated and retransmitted. Questions about this collection may be directed to LifeLabs' Privacy Officer by calling 1-844-783-6677 or emailing privacy@lifelabs.com.

**Questions about completing this form may be directed to our Customer Care Centres:
1-877-849-3637 (ON) or 1-800-431-7206 (BC).**

Your consent (or the consent of your authorized representative/SDM) to the release of information is specific to the services received on or before the date signed. Your consent (or the consent of your authorized representative/SDM) can be modified or withdrawn at any time by written notification to LifeLabs. Withdrawal of consent is not retroactive to information already released.

Where a child 12 years of age and older has the capacity to make a request and disagrees with the decision of their parent (or the person legally able to make the request in place of the parent), the child's decision overrides the decision of their parent (or the person legally able to make the request in place of the parent).

FOR OFFICE USE ONLY:

<input type="checkbox"/> ID Verified	Type of ID supplied:
<input type="checkbox"/> ID not submitted with request; verified verbally.	
Date of ID Verification (MM/DD/YYYY):	Staff /By whom:
Date of Processing (MM/DD/YYYY):	Staff /By whom:
<input type="checkbox"/> ID Destroyed	Date of Destruction (MM/DD/YYYY):

ADDITIONAL INFORMATION:

Please note that this page does not need to accompany the completed form; it is for informational purposes.

PART 6.A.: REQUIRED IDENTITY DOCUMENTATION

To process your request, we require a copy of valid identification as described below. If LifeLabs does not receive a copy of your identification with this form, please expect a follow up from our staff and a delay in processing your request. LifeLabs does not retain copies of the identification documents; they are securely destroyed after your request is processed.

You are a Customer/Authorized Representative/Substitute Decision Maker

- Birth certificate (if requesting records on behalf of individuals under 18 years old)
- Government issued photo ID with a signature
- Passport
- Student Card

*Note: an authorized representative or a substitute decision maker is a person authorized to consent on behalf of an individual, to access and/or disclose the personal information/personal health information about the individual.

PART 6.B.: LEGAL AUTHORITY DOCUMENTATION

You are requesting records on behalf of a customer who is over 18 or deemed an incapable person (as decided by a medical professional or healthcare capacity assessor)

Provide valid legal authority documentation as applicable:

- POA for personal care (Ontario only)
- RA for personal care/healthcare (BC only)
- Will/Certificate of Appointment of Estate Trustee/Letters of Administration
- Legal guardianship granted by Court Order

You are requesting records on behalf of a customer who is over 12 and under 18 (ON)/19 (BC) and has been deemed an incapable person by a medical professional or healthcare capacity assessor. Provide a copy of the document proving incapacity.

PART 7: FEES

LifeLabs adheres to the fee schedule published by the Information and Privacy Commissioner of Ontario (IPC). **Fees for producing a copy of a record may be charged as follows:** \$30 for photocopying or printing the first 20 pages of a record and 25 cents per page for every additional page. **A customer care representative will contact you to provide you with a fee estimate.**

Please note electronic copies of results are available at no cost through *MyCareCompass*, LifeLabs' secure online platform. To sign up please visit our *MyCareCompass* [page](https://mycarecompass.lifelabs.com/) (https://mycarecompass.lifelabs.com/).