



LIEN SANTÉ
NB HEALTH LINK

SERVICES DE SANTÉ NB
MEDAVIE
HEALTH SERVICES NB

Request for Access to Personal Health Information (v.2, 2023)

Patient Information

Last Name:

First Name:

Date of Birth (MM/DD/YYYY):

Medicare Number:

Applicant Information

Title:

Last Name:

First Name:

Mailing Address:

Telephone #:

Fax #*:

*Is this a secure fax number (not accessible to the public)? Yes No

E-mail Address**:

**Only provide if you wish to receive communications about your request via e-mail.

Check one (if you are requesting another person's information, please provide documentation that verifies that you are legally authorized to receive the information):

- I am requesting my own personal health information
- I am the patient's Substitute Decision-Maker - includes parent/guardian for patient < 16
- I am the patient's Legal/Personal representative
- I am the patient's HealthCare Provider Please specify: _____
- I am the Administrator/Executor of the patient's Estate
Please explain how the personal health information will be used for administration of the patient's estate, and attach any relevant proof:

- Other Please specify: _____

Note: All requests will be reviewed and processed in accordance with the Personal Health Information Privacy and Access Act. If you have questions about the form or about how your request will be processed, please contact the Privacy & Information Access Officer at (506) 872-6594.



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About Your Request

I hereby request access to the following personal health information (complete all that applies):

Ambulance New Brunswick patient record(s)

Extra-Mural Program patient records Extra-Mural Unit: _____

NB Health Link patient records

Time period for the information requested (from MM/DD/YYYY to MM/DD/YYYY **OR** specific date for single use of ambulance service): _____

I would like to (choose one):

receive a hard copy of the record(s) review the record(s)

receive an electronic copy of the record(s), if possible

If you would like to receive a copy of the record(s), please indicate where you would like them sent:

Same address as above Fax number above Email address above

Other address or fax number (please provide and indicate name of addressee, if different):

Signature*

Date

**If you are not the patient, please provide proof that you are legally authorized to request and receive the patient's personal health information.*

If you are submitting your request in person, an employee will confirm your identity by checking a piece of ID and initialing here: Initials: _____

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Print Witness Name

Telephone Number

Witness Signature**

Date

***By signing as a witness, you are attesting that the applicant is who they claim to be.*

If you do not wish to involve a witness or are unable to obtain a witness signature, you may provide a copy of a piece of ID to your request to confirm your identity. Accepted identification may include driver's license or health/Medicare card. Do not provide your credit card or social insurance card as proof of identity.

Submitting Your Request:

Mail or in person:

210 John Street, Suite 101
Attention: Privacy and Information Access Officer
Moncton, NB
E1C 0B8

Fax: (506) 872-6509

Email: rti@medavienb.ca

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