HEALTH e
NEWFOUNDLAND AND LABRADOR

Request for Personal Health Information

To ensure accuracy, most personal health information held by the Centre for Health Information should be requested from your healthcare provider or Regional Health Authority. However, a copy of your medication profile as found in the Pharmacy Network can be obtained by:

- Completing the appropriate fields below and signing at the bottom
- Send the signed and completed form to the mailing address indicated

PLEASE NOTE: Your request cannot be processed until the Centre for Health Information has been able to contact you by telephone to verify your information.

PART 1: ABOUT YOU

Section A: Please complete the following information about yourself or the individual for whom you are seeking a medication profile.

LAST NAME | FIRST NAME | MIDDLE INITIAL(S)

MAILING ADDRESS

APT/UNIT | STREET NUMBER | STREET NAME | POSTAL CODE

CITY/TOWN | PROVINCE | SEX (CHECK ONE) ☐ Male ☐ Female ☐ Other ☐ Unknown

DAYTIME TELEPHONE NUMBER | BIRTHDATE | MCP NUMBER

SECTION B: If you **DO NOT** have an MCP Number, please fill in your health card number and issuing jurisdiction below.

HEALTH CARD NUMBER | PROVINCE, TERRITORY OR FEDERAL AUTHORITY

SECTION C: If you are acting on behalf of another individual, complete the following section with your information. If you are requesting the medication profile of a minor, all parents or guardians will be asked to provide consent. See page two, Part 4 of this form

LAST NAME | FIRST NAME | DAYTIME TELEPHONE NUMBER

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

APT/UNIT | STREET NUMBER | STREET NAME OR POST OFFICE BOX | POSTAL CODE

CITY/TOWN | PROVINCE | _____ Why can you request this individual's information? (See page two for details)

PART 2: ABOUT YOUR REQUEST

SECTION A: Please select the type of request you are making

☐ Request a copy of a Medication Profile

SECTION B: Please select the method of delivery

☐ Mail

☐ In Person Pick-up at 70 O'Leary Ave.

PART 4: SIGNATURE

Please sign and date this form and return it to the address provided on page two.

X _____ Your signature | _____ Date signed (DD/MM/YYYY)

X _____ Other parent/guardian signature | _____ Date signed (DD/MM/YYYY)

Instructions for Completing the Form

The personal information collected as part of the application process is required to identify you and confirm your identity. In the case where you are requesting a medication profile on behalf of someone else, the information is also required to identify the patient and confirm that you are authorized to act on their behalf. This information is collected under the authority of the *Access to Information and Protection of Privacy Act* and the *Personal Health Information Act*.

How do you submit this form?

By Mail:
NL Centre for Health Information
ATTN: Information Request Coordinator
70 O'Leary Ave
St. John's, NL A1B 2C7
Please write confidential on your envelope

Due to the sensitive nature of information included with your application, you are encouraged to send it via registered mail.

The Centre for Health Information is not responsible for completed applications and supporting documentation which are lost or intercepted in transit.

Part 1: About you
Section A (about the individual's personal information):

- Complete this section using information of the person for whom you are requesting a copy of a medication profile for (yourself or the person for whom you are acting on behalf of).

Section B (if you do not have an MCP Number):

- If you do not have an MCP number, please use the health card number from your province, territory or other jurisdiction.

Section C (acting on behalf of another individual):

- An authorized representative is a person permitted to exercise the rights of an individual. This allows a trusted person to act on an individual's behalf.
- If you are requesting the medication profile of someone else, please fill in Section C with your own information (fill in Section A with the individual's information).
- Indicate why you can request this individual's information. You must provide documentation to support your authority to do so.

Part 2: About your request

- Please indicate the type of request

Part 4: Signature

- Please sign and date the completed form
- By signing the form, you acknowledge that:

  You have read and understood the information provided on this form and agree to:

  - Have a copy of your medication profile made
  - Have the medication profile printed and made available to you either via mail or in person pick-up
- If you are requesting the profile of a minor, all parents/guardians will be required to sign and date the form.

For more information or to request forms:
Phone: (709) 752-6000
Email: inforequests@nlchi.nl.ca