

To receive a copy of your personal health information in eChart Manitoba, please:

- Fill in the appropriate fields in the form below and sign at the bottom
- Send the signed and completed form to the address or fax number at the top of page two

PLEASE NOTE: Your request cannot be processed until eChart Manitoba Services has been able to contact you by telephone to verify your information.

PART 1: ABOUT YOU

SECTION A: Please enter the following information about yourself or the individual for whom you are requesting information.

LAST NAME		FIRST NAME		MIDDLE INITIAL(S)
<input type="text"/>		<input type="text"/>		<input type="text"/>
MAILING ADDRESS				
APT / UNIT	STREET NUMBER	STREET NAME OR POST OFFICE BOX		POSTAL CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
CITY/TOWN	PROVINCE	SEX (CHECK ONE)		
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
DAYTIME TELEPHONE NUMBER	CELL PHONE NUMBER	BIRTHDATE (DD/MM/YYYY)	PERSONAL HEALTH IDENTIFICATION NUMBER (PHIN) (9-digit number on your Manitoba health card)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

SECTION B: If you **do not** have a Manitoba Personal Health Identification Number, please fill in your health card number and issuing jurisdiction below.

HEALTH CARD NUMBER	PROVINCE, TERRITORY OR FEDERAL AUTHORITY
<input type="text"/>	<input type="text"/>

SECTION C: If you are **acting on behalf of another individual**, complete the following section with **your** information. If you are requesting the personal health information of a minor, **both** parents or guardians are asked to provide consent. See page two, Part 3 of this form.

LAST NAME	FIRST NAME	DAYTIME TELEPHONE NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			
APT / UNIT	STREET NUMBER	STREET NAME OR POST OFFICE BOX	POSTAL CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY/TOWN	PROVINCE		
<input type="text"/>	<input type="text"/>		

Why can you request this individual's information? (See page two for details)

PART 2: ABOUT YOUR REQUEST: Please select the type of medical information you are requesting from eChart Manitoba, as well as the date range for which you would like to receive information.

Please note: You may be required to pay a fee per printed page.

	FROM (DD/MM/YYYY)	TO (DD/MM/YYYY)		FROM (DD/MM/YYYY)	TO (DD/MM/YYYY)
<input type="checkbox"/> Immunization information	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Diagnostic image reports	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Medication history	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Hospital encounters	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Laboratory information	<input type="text"/>	<input type="text"/>			

NOTES (OPTIONAL)

PART 3: SIGNATURE

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

X	_____ Your signature	_____ DATE SIGNED (DD/MM/YYYY)	X	_____ Other parent/guardian signature (required for all minors)	_____ DATE SIGNED (DD/MM/YYYY)
X	_____ Other signature (Mature Minor: see Part 3 on page two)	_____ DATE SIGNED (DD/MM/YYYY)			

Submit this form by mail or fax to:

eChart Manitoba Services
c/o Manitoba eHealth
300 – 355 Portage Avenue
Winnipeg, Manitoba R3B 0J6
Fax: (204) 926-9148

Part 1: About you

Section A (about the individual's personal health information):

- Fill in this section about the person whose information you would like to receive (yourself or the person for whom you are acting as a decision-maker).
- Use your nine (9) digit Personal Health Identification Number (PHIN) found on your Manitoba health card.

Section B (if you do not have a Manitoba health card):

- If you do not have a Manitoba health card, 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 to view or receive a copy of someone else's personal health information, 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 may be asked to prove you have the legal authority to ask for someone else's personal information.
- Indicate your authority to exercise the rights of the individual from the following list:

- (a) any person with written authorization from the individual to act on the individual's behalf;
- (b) a proxy appointed by the individual under The Health Care Directives Act;
- (c) a committee appointed for the individual under The Mental Health Act if the committee has the power to make health-care decisions on the individual's behalf;
- (d) a substitute decision-maker for personal care appointed for the individual under The Vulnerable Persons Living with a Mental Disability Act if the exercise of the right relates to the powers and duties of the substitute decision-maker;

- (e) the parent or guardian of an individual who is a minor, if the minor does not have the capacity to make health-care decisions;
- (f) the personal representative if the individual is deceased.

- If it is reasonable to believe that no person in any clause above exists or is available, the adult person listed first in the following clauses who is readily available and willing to act may exercise the rights of an individual who lacks the capacity to:
 - (a) the individual's spouse, or common-law partner, with whom the individual cohabits;
 - (b) a son or daughter;
 - (c) a parent, if the individual is an adult;
 - (d) a brother or sister;
 - (e) a person with whom the individual is known to have a close personal relationship;
 - (f) a grandparent;
 - (g) a grandchild;
 - (h) an aunt or uncle;
 - (i) a nephew or niece.
- If two or more adult persons fall into a category, the oldest is preferred to act on the individuals' behalf.

Part 2: About your request (type of information you are requesting):

- Check the box next to the type of personal health information (immunization information, medication history and lab results) you are requesting.
- Indicate the date range for which you would like to receive the information.

Part 3: Signature

- Please sign and date the completed form.
- If you are requesting the personal health information of a minor, **both** parents/guardians are required to sign and date the form.
- If your child is a mature minor (age 14-17), they will be required to sign and date the form. This request cannot be processed until eChart Manitoba has spoken with your child by telephone.
- If you have questions regarding these requirements, please contact eChart Manitoba at 1-855-203-4528.
- All forms must be **signed originals** received by mail or fax.

- * You may be required to pay a fee per printed page.

For additional eChart information:

Phone (toll-free): 1-855-203-4528
Email: eChart@manitoba-ehealth.ca
Web: www.echartmanitoba.ca

Other eChart forms are available to:

- See who has accessed your personal health information in eChart Manitoba (www.echartmanitoba.ca/files/eChartFrmUserAcc.pdf)
- Hide your clinical information in eChart Manitoba (www.echartmanitoba.ca/files/formDisclosureDir.pdf)

Manitoba Health

To learn more about your personal health information rights, please visit: www.gov.mb.ca/health/phia

Manitoba Ombudsman

If you want to learn about your right to make a complaint related to your request to access your personal health information, contact the Manitoba Ombudsman office at:

750-500 Portage Avenue
Winnipeg, Manitoba R3C 3X1
In Winnipeg phone: (204) 982-9130
Or toll-free: 1-800-665-0531
www.ombudsman.mb.ca