

REQUEST RECORD OF USER ACTIVITY IN ECHART MANITOBA

To receive a record of who has accessed 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

CITYTOWN PROVINCE SEX (CHECK ONE) PROVINCE	SECTION A: Please enter the following information about	t yourself or the individual for wl	nom you are requesting information.		
APT / UNIT STREET NUMBER CELL PROME NUMBER CELL P	LAST NAME	FIRST NAM	IE		MIDDLE INITIAL(S)
APT / UNIT STREET NUMBER CELL PROME NUMBER CELL P					
APT / UNIT STREET NUMBER CELL PROME NUMBER CELL P					
CTITYTOWN PROVINCE SEX (CHECK ONE) MALE PERSONAL HEALTH IDENTIFICATION MANRER (PHIN DAYTIME TELEPHONE NUMBER PERSONAL HEALTH DENTIFICATION MANRER (PHIN ONLY) Children and issuing jurisdiction below.	MAILING ADDRESS				
FEMALE MALE	APT / UNIT STREET NUMBER STREET	NAME OR POST OFFICE BOX			POSTAL CODE
FEMALE MALE					
FEMALE MALE	CITY/TOWN	PROVINCE	SEY (CHECK ONE)		
PESSONAL HEALTH IDENTIFICATION INJMERS (PRIN G-digit number on your Manitoba health Card) 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 SECTION C: If you are acting on behalf of another individual, complete the following section with your information. If you are requesting the record of user access of a minor, both parents or guardians are asked to provide consent. See page two, Part 3 of this form. LAST NAME FIRST NAME FIRST NAME FOOTAL CODE ANALLING ADDRESS (IF DIFFERENT FROM ABOVE) ANY I UNIT STREET NUMBER POSTAL CODE Why can you request this individual's information? (See page two for details) PART 2: ABOUT YOUR REQUEST: Please indicate the date range for which you would like to see who has accessed your personal health information in eChart Manitoba. Please note: You may be required to pay a fee per printed page. FROM (DD/MM/YYYY) TO (DD/MM/YYYY) NOTES (OPTIONAL) STREET NUMBER STREET	CITITIONN	FROVINCE			
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 SECTION C: If you are acting on behalf of another individual, complete the following section with your information. If you are requesting the record of user access of a minor, both parents or guardians are asked to provide consent. See page two, Part 3 of this form. LEST NAME DAYTIME TELEPHONE NUMBER FIRST NAME PROVINCE PROVINCE PROVINCE FIRST NAME DAYTIME TELEPHONE NUMBER PROVINCE Why can you request this individual's information? (See page two for details) PART 2: ABOUT YOUR REQUEST: Please indicate the date range for which you would like to see who has accessed your personal health information in eChart Manitoba. Please note: You may be required to pay a fee per printed page. FROM (DD/MM/YYYY)* TO (DD/MM/YYYY) NOTES (OPTIONAL) AX Your signature DATE SIGNED (DD/MM/YYYY) DATE SIGNED (DD/MM/YYYY) ATE SIGNED (DD/MM/YYYY) DATE SIGNED (DD/MM/YYYY) DATE SIGNED (DD/MM/YYYY) ATE SIGNED (DD/MM/YYYY) DATE SIGNED (DD/MM/YYYY) DATE SIGNED (DD/MM/YYYY) DATE SIGNED (DD/MM/YYYY) ATERITORY OR FEDERAL AUTHORITY BIRTHAPTE (DD/MM/YYYY) PROVINCE, TERRITORY OR FEDERAL AUTHORITY PROVINCE, TER			☐ FEMALE ☐ MALE	DEDCOMAL LIEATELL IDE	NITTELCATION AND IMPED (DUITA)
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 SECTION C: If you are acting on behalf of another individual, complete the following section with your information. If you are requesting the record of user access of a minor, both parents or guardians are asked to provide consent. See page two, Part 3 of this form. LAST NAME DAYTIME TELEPHONE NUMBER STREET NUMBER STREET NUMBER STREET NUMBER STREET NUMBER ON TO (DO (MM/YYYY) PROVINCE Why can you request this individual's information? (See page two for details) PART 2: ABOUT YOUR REQUEST: Please indicate the date range for which you would like to see who has accessed your personal health information in eChart Manitoba. Please note: You may be required to pay a fee per printed page. FROM (DD/MM/YYYY)* TO (DD/MM/YYYY) NOTES (OPTIONAL) ATE SIGNED (DD/MM/YYYY) Other parent/guardian signature DATE SIGNED (DD/MM/YYYY) ATE SIGNED (DD/MM/YYYY) PART 3: BIGNED (DD/MM/YYYY) ATE SIGNED (DD/MM/YYYY) DATE SIGNED (DD/MM/YYYY) ATE SIGNED (DD/MM/YYYY)	DAYTIME TELEPHONE NUMBER CELL PHON	F NUMBER	BIRTHDATE (DD/MM/YYYY)		
HEALTH CARD NUMBER PROVINCE, TERRITORY OR FEDERAL AUTHORITY PROVINCE SECTION C: If you are requesting the record of user access 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 MALLING ADDRESS (IF DIFFERENT FROM ABOVE) APT / UNIT STREET NUMBER STREET NUMBER STREET NAME OR POST OFFICE BOX POSTAL CODE Why can you request this individual's information? (See page two for details) PART 2: ABOUT YOUR REQUEST: Please indicate the date range for which you would like to see who has accessed your personal health information in eChart Manitoba. Please note: You may be required to pay a fee per printed page. FROM (DD/MM/YYYY)* TO (DD/MM/YYYY) 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) Other parent/guardian signature DATE SIGNED (DD/MM/YYYY) ATE SIGNED (DD/MM/YYYY) DATE SIGNED (DD/MM/YYYY) DATE SIGNED (DD/MM/YYYY) ATE SIGNED (DD/MM/YYYY) DATE SIGNED (DD/MM/YYYY)	DATINE TELEPHONE NOMBER	E NOTBER			
HEALTH CARD NUMBER PROVINCE, TERRITORY OR FEDERAL AUTHORITY PROVINCE SECTION C: If you are requesting the record of user access 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 MALLING ADDRESS (IF DIFFERENT FROM ABOVE) APT / UNIT STREET NUMBER STREET NUMBER STREET NAME OR POST OFFICE BOX POSTAL CODE Why can you request this individual's information? (See page two for details) PART 2: ABOUT YOUR REQUEST: Please indicate the date range for which you would like to see who has accessed your personal health information in eChart Manitoba. Please note: You may be required to pay a fee per printed page. FROM (DD/MM/YYYY)* TO (DD/MM/YYYY) 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) Other parent/guardian signature DATE SIGNED (DD/MM/YYYY) ATE SIGNED (DD/MM/YYYY) DATE SIGNED (DD/MM/YYYY) DATE SIGNED (DD/MM/YYYY) ATE SIGNED (DD/MM/YYYY) DATE SIGNED (DD/MM/YYYY)					
SECTION C: If you are acting on behalf of another individual, complete the following section with your information. If you are requesting the record of user access of a minor, both parents or guardians are asked to provide consent. See page two, Part 3 of this form. LAST NAME PIRST NAME POAYTIME TELEPHONE NUMBER MAILING ADDRESS (IF DIFFERENT FROM ABOVE) APT / UNIT STREET NUMBER STREET NAME OR POST OFFICE BOX POSTAL CODE Why can you request this individual's information? (See page two for details) PART 2: ABOUT YOUR REQUEST: Please indicate the date range for which you would like to see who has accessed your personal health information in eChart Manitoba. Please note: You may be required to pay a fee per printed page. FROM (DO/MM/YYYY)* TO (DO/MM/YYYY)* 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) ATE SIGNED (DD/MM/YYYY) Other parent/guardian signature DATE SIGNED (DD/MM/YYYY) ATE SIGNED (DD/MM/YYYY) DATE SIGNED (DD/MM/YYYY) ATE SIGNED (DD/MM/YYYY) DATE SIGNED (DD/MM/YYYY) ATE SIGNED (DD/MM/YYYY) DATE SIGNED (DD/MM/YYYY) DATE SIGNED (DD/MM/YYYY) ATE SIGNED (DD/MM/YYYY) DATE SIGNED (DD/MM/YYYY)	SECTION B: If you do not have a Manitoba Personal He	ealth Identification Number, pleas	e fill in your health card number and issuin	g jurisdiction below.	
a minor, both parents or guardians are asked to provide consent. See page two, Part 3 of this form. LAST NAME FIRST NAME FIRST NAME AATLING ADDRESS (IF DIFFERENT FROM ABOVE) APT / UNIT STREET NUMBER STREET NAME OR POST OFFICE BOX POSTAL CODE TO (UNIT) PROVINCE Why can you request this individual's information? (See page two for details) PART 2: ABOUT YOUR REQUEST: Please indicate the date range for which you would like to see who has accessed your personal health information in eChart Manitoba. Please note: You may be required to pay a fee per printed page. FROM (DD/MM/YYYY)* TO (DD/MM/YYYY) NOTES (OPTIONAL) TO (DD/MM/YYYY) ATT SISIGNATURE 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) Other parent/guardian signature DATE SIGNED (DD/MM/YYYY) X	HEALTH CARD NUMBER	PROVINCE	, TERRITORY OR FEDERAL AUTHORITY		1
a minor, both parents or guardians are asked to provide consent. See page two, Part 3 of this form. LAST NAME FIRST NAME FIRST NAME AATLING ADDRESS (IF DIFFERENT FROM ABOVE) APT / UNIT STREET NUMBER STREET NAME OR POST OFFICE BOX POSTAL CODE TO (UNIT) PROVINCE Why can you request this individual's information? (See page two for details) PART 2: ABOUT YOUR REQUEST: Please indicate the date range for which you would like to see who has accessed your personal health information in eChart Manitoba. Please note: You may be required to pay a fee per printed page. FROM (DD/MM/YYYY)* TO (DD/MM/YYYY) NOTES (OPTIONAL) TO (DD/MM/YYYY) ATT SISIGNATURE 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) Other parent/guardian signature DATE SIGNED (DD/MM/YYYY) X					
a minor, both parents or guardians are asked to provide consent. See page two, Part 3 of this form. LAST NAME FIRST NAME FIRST NAME AATLING ADDRESS (IF DIFFERENT FROM ABOVE) APT / UNIT STREET NUMBER STREET NAME OR POST OFFICE BOX POSTAL CODE TO (UNIT) PROVINCE Why can you request this individual's information? (See page two for details) PART 2: ABOUT YOUR REQUEST: Please indicate the date range for which you would like to see who has accessed your personal health information in eChart Manitoba. Please note: You may be required to pay a fee per printed page. FROM (DD/MM/YYYY)* TO (DD/MM/YYYY) NOTES (OPTIONAL) TO (DD/MM/YYYY) ATT SISIGNATURE 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) Other parent/guardian signature DATE SIGNED (DD/MM/YYYY) X					
a minor, both parents or guardians are asked to provide consent. See page two, Part 3 of this form. LAST NAME FIRST NAME FIRST NAME AATLING ADDRESS (IF DIFFERENT FROM ABOVE) APT / UNIT STREET NUMBER STREET NAME OR POST OFFICE BOX POSTAL CODE TO (UNIT) PROVINCE Why can you request this individual's information? (See page two for details) PART 2: ABOUT YOUR REQUEST: Please indicate the date range for which you would like to see who has accessed your personal health information in eChart Manitoba. Please note: You may be required to pay a fee per printed page. FROM (DD/MM/YYYY)* TO (DD/MM/YYYY) NOTES (OPTIONAL) TO (DD/MM/YYYY) ATT SISIGNATURE 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) Other parent/guardian signature DATE SIGNED (DD/MM/YYYY) X	SECTION C: If you are acting on hehalf of another is	adividual complete the followin	a section with your information. If you are	requesting the record	d of user access of
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: Please indicate the date range for which you would like to see who has accessed your personal health information in eChart Manitoba. Please note: You may be required to pay a fee per printed page. FROM (DD/MM/YYYY)* TO (DD/MM/YYYY) 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) Other parent/guardian signature DATE SIGNED (DD/MM/YYYY) X		•		requesting the record	3 01 4301 400033 01
MAILING ADDRESS (IF DIFFERENT FROM ABOVE) APT / UNIT STREET NUMBER STREET NAME OR POST OFFICE BOX PROVINCE Why can you request this individual's information? (See page two for details) PART 2: ABOUT YOUR REQUEST: Please indicate the date range for which you would like to see who has accessed your personal health information in eChart Manitoba. Please note: You may be required to pay a fee per printed page. FROM (DD/MM/YYYY) 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) Other parent/guardian signature DATE SIGNED (DD/MM/YYYY)			11.5 101111	DAYTIME TELE	PHONE NUMBER
APT / UNIT STREET NUMBER STREET NAME OR POST OFFICE BOX PROVINCE Why can you request this individual's information? (See page two for details) PART 2: ABOUT YOUR REQUEST: Please indicate the date range for which you would like to see who has accessed your personal health information in eChart Manitoba. Please note: You may be required to pay a fee per printed page. FROM (DD/MM/YYYY)* TO (DD/MM/YYYY) 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) Other parent/guardian signature DATE SIGNED (DD/MM/YYYY)					
APT / UNIT STREET NUMBER STREET NAME OR POST OFFICE BOX PROVINCE Why can you request this individual's information? (See page two for details) PART 2: ABOUT YOUR REQUEST: Please indicate the date range for which you would like to see who has accessed your personal health information in eChart Manitoba. Please note: You may be required to pay a fee per printed page. FROM (DD/MM/YYYY)* TO (DD/MM/YYYY) 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) Other parent/guardian signature DATE SIGNED (DD/MM/YYYY)					
APT / UNIT STREET NUMBER STREET NAME OR POST OFFICE BOX PROVINCE Why can you request this individual's information? (See page two for details) PART 2: ABOUT YOUR REQUEST: Please indicate the date range for which you would like to see who has accessed your personal health information in eChart Manitoba. Please note: You may be required to pay a fee per printed page. FROM (DD/MM/YYYY)* TO (DD/MM/YYYY) 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) Other parent/guardian signature DATE SIGNED (DD/MM/YYYY)	MAILING ADDRESS (IF DIFFERENT FROM ABOVE)				
Why can you request this individual's information? (See page two for details) PART 2: ABOUT YOUR REQUEST: Please indicate the date range for which you would like to see who has accessed your personal health information in eChart Manitoba. Please note: You may be required to pay a fee per printed page. FROM (DD/MM/YYYY) * TO (DD/MM/YYYY) 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) Other parent/guardian signature DATE SIGNED (DD/MM/YYYY)		NAME OR POST OFFICE BOX			POSTAL CODE
Why can you request this individual's information? (See page two for details) PART 2: ABOUT YOUR REQUEST: Please indicate the date range for which you would like to see who has accessed your personal health information in eChart Manitoba. Please note: You may be required to pay a fee per printed page. FROM (DD/MM/YYYY) * TO (DD/MM/YYYY) 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) Other parent/guardian signature DATE SIGNED (DD/MM/YYYY)					
Why can you request this individual's information? (See page two for details) PART 2: ABOUT YOUR REQUEST: Please indicate the date range for which you would like to see who has accessed your personal health information in eChart Manitoba. Please note: You may be required to pay a fee per printed page. FROM (DD/MM/YYYY) * TO (DD/MM/YYYY) 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) Other parent/guardian signature DATE SIGNED (DD/MM/YYYY)					
PART 2: ABOUT YOUR REQUEST: Please indicate the date range for which you would like to see who has accessed your personal health information in eChart Manitoba. Please note: You may be required to pay a fee per printed page. FROM (DD/MM/YYYY) * TO (DD/MM/YYYYY) 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) Other parent/guardian signature DATE SIGNED (DD/MM/YYYY)	CITY/TOWN	PROVINCE			
PART 2: ABOUT YOUR REQUEST: Please indicate the date range for which you would like to see who has accessed your personal health information in eChart Manitoba. Please note: You may be required to pay a fee per printed page. FROM (DD/MM/YYYY) * TO (DD/MM/YYYYY) 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) Other parent/guardian signature DATE SIGNED (DD/MM/YYYY)					
Please note: You may be required to pay a fee per printed page. FROM (DD/MM/YYYY) * TO (DD/MM/YYYY) 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) Other parent/guardian signature DATE SIGNED (DD/MM/YYYY)		<u> </u>	Why can you request this individual's inform	nation? (See page two	for details)
Please note: You may be required to pay a fee per printed page. FROM (DD/MM/YYYY) * TO (DD/MM/YYYY) 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) Other parent/guardian signature DATE SIGNED (DD/MM/YYYY)					
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) Other parent/guardian signature DATE SIGNED (DD/MM/YYYY) TO (DD/MM/YYYY) A Other parent/guardian signature DATE SIGNED (DD/MM/YYYY)	PART 2: ABOUT YOUR REQUEST: Please indicate the	date range for which you would I	ike to see who has accessed your personal	health information in	eChart Manitoba.
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) The parent/guardian signature DATE SIGNED (DD/MM/YYYY) The parent/guardian signature DATE SIGNED (DD/MM/YYYY)	Please note: You may be required to pay a fee per print	red page.			
Please sign and date this form and return it to the address or fax number provided on page two. X X X	FROM (DD/MM/YYYY) * TO (DD/MM/YYYY)	NOTES (OPTIONAL)			
Please sign and date this form and return it to the address or fax number provided on page two. X X X					
Please sign and date this form and return it to the address or fax number provided on page two. X X X					
X Your signature DATE SIGNED (DD/MM/YYYY) Other parent/guardian signature DATE SIGNED (DD/MM/YYYY) X Other parent/guardian signature	PART 3: SIGNATURE				
Your signature DATE SIGNED (DD/MM/YYYY) Other parent/guardian signature DATE SIGNED (DD/MM/YYYY) X	Please sign and date this form and return it to the address	s or fax number provided on pag	e two.		
Your signature DATE SIGNED (DD/MM/YYYY) Other parent/guardian signature DATE SIGNED (DD/MM/YYYY X	x		X		
	Your signature	DATE SIGNED (DD/MM/YYYY)			DATE SIGNED (DD/MM/YYYY
	Y				
A ROPE STUDENT OF THE PROPERTY	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 the record of user access for 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 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

- Indicate the date range* for which you would like to receive a record of user activity.
 - *Available for up to three years prior to the date of request.

Part 3: Signature

- Please sign and date the completed form.
- If you are requesting the record of user access 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 are 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:

- Receive a copy of your personal health information in eChart Manitoba (www.echartmanitoba.ca/ files/echartFrmPHI.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

