

To add or remove a Disclosure Directive 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 adding or removing a Disclosure Directive.

LAST NAME FIRST NAME MIDDLE INITIAL(S)

MAILING ADDRESS

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

CITY/TOWN PROVINCE SEX (CHECK ONE)
FEMALE MALE

DAYTIME TELEPHONE NUMBER CELL PHONE NUMBER BIRTHDATE (DD/MM/YYYY) PERSONAL HEALTH IDENTIFICATION NUMBER (PHIN)
(9-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 adding or removing a Disclosure Directive for a minor, both parents or guardians are required 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.

- Add a Disclosure Directive
- Remove a previously requested Disclosure Directive

SECTION B: Would you like to be notified when this request has been fulfilled?

- Yes, notify me at the mailing address above when the request has been fulfilled
- No, I do not need to be notified

PART 3: SECURITY QUESTIONS

Please answer at least **TWO** of the following questions. You may be asked to answer these questions if you change your directive in the future.

- | | |
|--|--|
| What street did you live on in third grade? | What was the name of your elementary/primary school? |
| What is the middle name of your youngest child? | What is the street number of the house you grew up in? |
| What school did you attend for sixth grade? | What is your mother's middle name? |
| In what city/town did your mother and father meet? | What were the make and model of your first car? |
| In what city/town did you work for your first job? | |

PART 4: 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 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 Digital Health, Shared Health
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 for whom you would like to add or remove a Disclosure Directive (yourself or the person for whom you are acting on behalf).
- 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 add or remove a Disclosure Directive on 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

- Please indicate if this request is to add or remove a Disclosure Directive on your personal health information in eChart Manitoba.
- Please indicate if you would like to receive notification when your request has been completed.

Part 3: Security questions

- Answer at least two security questions.
- Should you wish to make a change to your Disclosure Directive in the future, these questions may be used in authenticating that request (making sure you, and only you, are asking to have your Disclosure Directive removed).

Part 4: Signature

- Please sign and date the completed form.

Part 4 continued in next column.

- If you are placing or removing a Disclosure Directive on 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.

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/formUserAccess.pdf)
- Receive a copy of your personal health information in eChart Manitoba (www.echartmanitoba.ca/files/formPHI.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

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