



# REQUEST A COPY OF MY HEALTH RECORDS

Please mail, email or fax your completed form to the applicable Health Records location  
PLEASE USE FORM REQ-2 IF YOU ARE REQUESTING THE HEALTH RECORDS OF ANOTHER PERSON

## Part 1 – Patient Information

Last Name	First Name, Middle Name(s)	Personal Health Number (Care Card)		
Former Name(s)	Date of Birth (dd-mmm-yyyy)	Phone Number (during business hours)		
Mailing Address (where records will be mailed)		City	Province	Postal Code
If you would like your records sent to alternate location, please indicate to whom and the address below:				
SEND RECORDS BY: <input type="checkbox"/> MAIL OR <input type="checkbox"/> ENCRYPTED EMAIL-MUST PROVIDE EMAIL ADDRESS:				

## Part 2 – Records Requested (Where was your visit?)

**2.1 Specify the Island Health facility you are requesting records from.** For a list of Island Health facilities, please visit <https://www.islandhealth.ca/our-locations>. Listing "all" sites will result in searches taking place at locations where you have not received services and will lead to delays in processing your request.

**SPECIFY SITE/FACILITY:** (Please note: Private GP records cannot be requested via this form – please contact their office directly)

**2.2 Identify the services you accessed at Island Health from which you are requesting records. (What was your visit for?)**

<input type="checkbox"/> Inpatient (hospital stays)	<input type="checkbox"/> Primary Care/Nurse Practitioner (NP)	<input type="checkbox"/> Other Services (describe below)
<input type="checkbox"/> Ambulatory Clinics	<input type="checkbox"/> Seniors Outreach Programs	
<input type="checkbox"/> Daycare (daysurgery)	<input type="checkbox"/> Home & Community Care	
<input type="checkbox"/> Emergency Department	<input type="checkbox"/> Public Health	
<input type="checkbox"/> Urgent Primary Care Clinic (specify site in 2.1 above)	<input type="checkbox"/> Outpt Mental Health & Substance Use Svcs (MHSU)	
<input type="checkbox"/> Residential Care Facilities	<input type="checkbox"/> Development Disability Mental Hlth Team (DDMHT)	

**2.3 Identify the types of records that you are requesting below**

- Please be advised, larger requests will result in extensions to the due date of this request as per FOIPPA due to the amount of time it will take to gather, copy and process the records. In order to provide a timely response please be as specific as possible in identifying the records you require.

<b>Limited Scope Records Request</b>	Lab Results <input type="checkbox"/>	Medical Imaging (only check one) <input type="checkbox"/> Reports <input type="checkbox"/> CD images <input type="checkbox"/> Both (CD and report) <input type="checkbox"/>
<input type="checkbox"/> <b>Standard Records Package</b> —includes physician documentation: progress notes, clinic notes, specialist consultation reports, operative/procedural reports, discharge summaries, history and physicals, lab and medical imaging results and emergency department records. This package <b>does not</b> include nursing/allied health documentation		
<input type="checkbox"/> <b>Other Specified Records in a Date Range</b> — Other records not identified in the Standard Records Package. Provide specific details of the records you require. This type of request will produce records able to be located based on the information that you have provided. Please note that these types of requests typically result in extensions due to the large volume of searching and copying required. If you select this option, ensure that you provide the <b>specific locations</b> you have received services at in section 2.1 above.		
Description of additional records required:		

**2.4 Date Range of Records Requested:**

If you do not know exact dates, please provide best estimate	Date From (dd-mmm-yyyy)	Date To (dd-mmm-yyyy)

## Part 3 – Attestation

I attest that I am requesting *my own health records*, that I am 12 years of age or older, and that the information I have provided in this form is truthful and accurate.

Print Name	Signature	Date Signed (dd-mmm-yyyy)

Send your completed form to the Health Records location you are seeking records from  
Find a list of Health Records locations under "FOI Officers Contact List" on our public website:

<https://www.islandhealth.ca/about-us/accountability/information-stewardship-access-privacy/accessing-information-records>

Please note the following:

- Requests for health records are typically processed within 30 business days, which is about 43 calendar days. Some requests may take longer due to volume of records, extent of search time, or if insufficient detail has been provided in your request.
- You may be required to provide further proof of identity prior to release of any records such as government photo ID. It is Island Health policy to forward requests believed to be fraudulent to the police.
- Please be advised that Island Health is not obliged to provide copies of records that have been previously provided.

(REQ-1) Request a copy of my Health Records

Information on this form collected under the authority of section 26 (c) of the BC Freedom of Information and Protection of Privacy Act and is used for the purpose of responding to your request. Questions can be directed to the designated FOI officer for the location of the records you are seeking.

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OFFICE USE ONLY  
Request ID