

INSTRUCTIONS

DO NOT SUBMIT DUPLICATE REQUESTS, AS THIS WILL DELAY PROCESSING

Fill out the application form completely. Missing or incorrect information will delay processing and disclosure.

PART 2

Unless you request a specific type of record or information, we will provide you with the *Patient Care Report* (BC Ambulance Service) associated with the patient and the specified date and time of ambulance service. This record includes details of the patient's medical information, treatment and transport.

Please note that we only permit written interviews with BCAS paramedics unless otherwise required by law.

PART 4

NON-PATIENT AUTHORIZATION for MINOR, INCAPABLE OR DECEASED PATIENTS

If the patient is under 12 and you are the custodial parent or legal guardian, you must sign PART 4 **and** submit documentation demonstrating that you are the custodial parent or legal guardian of the patient.

If the patient is over the age of 12, but is incapable of providing consent, you must sign PART 4 **and** submit documentation confirming your right to act for the patient.

If the patient is deceased, you must sign PART 4 **and** submit a copy of the deceased patient's last will and testament, letters probate, or letters of administration naming you as the deceased patient's representative. If no representative is named, you may act on the deceased's behalf if you are the nearest relative of the deceased patient. Those who may act for the deceased patient have priority of access in the following order, from highest to lowest priority: spouse, mature child (12 years or older), parent, sibling, and lastly, any other next of kin who have reached the age of maturity (12 years or older).

In order for us to process any request not made by the patient, including a request concerning a deceased patient, you must provide a comprehensive explanation of the reason you are seeking the deceased patient's records, including an explanation of how you are acting in the patient's best interests. If you are unsure whether your request meets this requirement, you may wish to seek the advice of a lawyer.

PART 5

Without exception, all competent patients over the age of 12 must sign the PATIENT AUTHORIZATION section in order for us to release their patient care records.

Once completed, please submit the form to:

EMAIL: patientrecords@bcehs.ca

FAX: (250) 953-3119

PHONE: (250) 356-2113

WEB: <http://www.bcehs.ca/health-info/patient-care-records/request-your-patient-care-record>

MAILING ADDRESS: BC Emergency Health Services
PO BOX 9600 Stn Prov Govt
Victoria BC V8W 9P1