CancerCare Manitoba has a legal obligation under *The Personal Health Information Act (PHIA)* to help you exercise your right of access to your personal health information maintained by the Department. In order to best assist you, please provide the following information in full:

### SECTION 1: Individual the Information is About

<table>
<thead>
<tr>
<th>Given Name(s)</th>
<th>Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal Health Identification Number (PHIN)</th>
<th>Health Registration Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mmm/dd/yyyy)</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City/Town</th>
<th>Postal Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SECTION 2: Information Being Accessed

Please indicate what specific information you are seeking:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

### SECTION 3: Information Delivery Method

I wish to:

- [ ] pick the information up in person
- [ ] have the information faxed to me at: ________________________________
- [ ] have the information delivered to me by mail at the address in Section 1 above

authorize the release of the information to the following person(s):

Name(s): ___________________________ Phone: ___________________________

Address: ___________________________

### SECTION 4: Individual Seeking the Information

- [ ] I am the individual this information is about (go to SECTION 6: Authorization)
- [ ] I am authorized to exercise the rights of the individual this information is about (go to SECTION 5: Access Authority)
SECTION 5: Access Authority

Please check the applicable box below and attach documentation verifying that you are authorized to act on the individual's behalf:

- I have written authorization from the individual
- I am the individual’s proxy appointed under The Health Care Directives Act
- I am the individual’s committee appointed under The Mental Health Act and have the power to make health care decisions for the individual
- I am the individual’s substitute decision maker for personal care appointed under The Vulnerable Persons Living with a Mental Disability Act;
- You are the parent or guardian of a minor and the minor does not have the capacity to make health care decisions; or
- The individual is deceased and you are the executor or administrator of the individual's estate;

No person above exists or is available; as per Section 60(2) of PHIA (see page 3), I wish to exercise the rights of the individual who lacks the capacity to do so because I am related to them in the following way:

___________________________________________________________

SECTION 6: Authorization

I undertake that I have the authority indicated in Section 4 above to access this information.

I understand that I may be required to provide documentation confirming my authority to access this information if I am not the individual the information is about.

Date: ____________________________ (mmm/dd/yyyy)

Signature of Authorized Individual

The information you are asked to provide on this form is collected under the authority of PHIA and is necessary to help us process and respond to your request. Any information you provide will be protected in accordance with PHIA. If you have any questions about the collection, use or disclosure of this information, contact:

Legislative Unit – Manitoba Health, Seniors and Active Living
300 Carlton Street, Winnipeg, Manitoba, R3B 3M9
Phone: (204) 788-6612   Fax: (204) 945-1020   Email: PHIAinfo@gov.mb.ca

OFFICE USE ONLY

Date received: ____________________________ Received by: ____________________________

Transferred to another branch/trustee? □ No □ Yes – date: ____________________________

- ID and authority of requestor confirmed Details:
- Information provided Details:
  - By phone □ By fax □ By mail □ By courier
  - Pickup by authorized person
- Requested information provided in part. Details:
- Requested information not provided. Details:

Date provided: ____________________________ Provided by: ____________________________
The Personal Health Information Act (PHIA)
Section 60

Exercising rights of another person

60(1) The rights of an individual under this Act may be exercised
(a) by any person with written authorization from the individual to act on the individual's behalf;
(b) by a proxy appointed by the individual under The Health Care Directives Act;
(c) by 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) by 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) by the parent or guardian of an individual who is a minor, if the minor does not have the capacity to make health care decisions; or
(f) if the individual is deceased, by his or her personal representative.

If person unavailable

60(2) If the trustee reasonably believes that no person listed in subsection (1) 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 do so:
(a) the individual's spouse, or common-law partner, with whom the individual is cohabiting;
(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.

Ranking

60(3) The older or oldest of two or more relatives described in any clause of subsection (2) is to be preferred to another of those relatives.