



INSTRUCTIONS

- 1. Read about restricting access to another person's PharmaNet record by means of a protective word. The information is available online at www.gov.bc.ca/pharmanetaccess/protectiveword.
2. Read the instructions on page 2 of this form to see if you are authorized to make this request.
3. Complete and sign this form to restrict access to another person's record in PharmaNet.
4. Attach photocopies of both the required identification and authorization documents. See page 2 of this form for details.
5. Mail the completed form and the photocopies to Health Insurance BC, PO Box 9688, Stn Prov Govt, Victoria BC, V8W 9P8.

1. INFORMATION FOR PERSON WHOSE PHARMANET RECORD IS AFFECTED

Enter the name shown on the person's CareCard or BC Services Card

Form fields for Personal Information: Legal Last Name, Legal First Name, Legal Second Name, Personal Health Number, Birthdate.

Person's Permanent Address

Form fields for Address: Address, City, Prov, Postal Code.

2. YOUR INFORMATION

Form fields for Applicant Information: Legal Last Name, Legal First Name, Legal Second Name.

Your Relationship to This Other Person. Includes checkboxes for 'FOR A MINOR (UNDER 19 YEARS OLD)' and 'FOR ANOTHER ADULT'.

Your Mailing Address, if different from above

Form fields for Mailing Address: Address, Daytime Telephone Number, City, Province/State, Postal/Zip Code, Country.

3. ACCESS RESTRICTION

- I want to (choose one):
- Apply a protective word to restrict access to the PharmaNet record of the person named in Section 1.
- Remove the protective word to revoke the restriction I placed on the PharmaNet record of the person named in Section 1.
- Replace the protective word currently attached to the PharmaNet record of the person named in Section 1.

IMPORTANT: If a protective word has been compromised or you have other urgent requirements, your request may be expedited.

I want to request priority processing for the following reason: [Blank line]
You must provide a reason for requesting priority processing. Requests submitted without supporting justification will be processed as normal.

4. SIGNATURE

GUARDIAN OF A MINOR - UNDER 19 YEARS OF AGE

- I have read and understand the effect of restricting access to this minor's PharmaNet record through the use of a protective word.
I certify that the information provided in this form is true and the attached photocopies of:
- the minor's BC CareCard or BC Services Card and birth certificate, and
- the appropriate pieces of my identification as set forth in this form
are true copies of valid identification.
I will provide documentation to confirm my authority to act as a guardian if requested by the Ministry.

Signature and Date Signed (YYYY / MM / DD) fields for Guardian of a Minor.

AUTHORIZED TO ACT ON BEHALF OF ANOTHER ADULT

- I have read and understand the effect of restricting access to this adult's PharmaNet record through the use of a protective word.
I certify that the information provided in this form is true and the attached photocopies of:
- my identification, and
- the legal documentation demonstrating my authority to make decisions for this person, and
- the person's identification
are true copies of acceptable and valid identification (see page 2 for acceptable documents).

Signature and Date Signed (YYYY / MM / DD) fields for Authorized to Act on Behalf of Another Adult.

Attaching or removing a protective word is enabled under the Pharmaceutical Services Act. Personal information on this form is collected under section 26 (c) of the Freedom of Information and Protection of Privacy Act. The information collected will only be used to (1) update your contact information if required, (2) to confirm identities, and (3) to confirm required authorizations before applying, changing or removing a protective word from the other person's PharmaNet record as indicated by you on this form.

WHO MAY APPLY TO RESTRICT ACCESS TO ANOTHER PERSON'S PHARMANET RECORD

You can apply to restrict access to ANOTHER PERSON'S PharmaNet record by means of a protective word if you are B.C. resident and you are 19 or over, and either

- the guardian of a minor who is under 19 years old, or
- authorized to act on behalf of another adult (i.e., you have a representation agreement or other legal document granting you that authority)

PROOF OF IDENTITY

You must provide adequate proof of identity for both yourself and the person on whose behalf you are acting as set forth in the table below to support your application. Send photocopies. Do NOT send originals.

ACCEPTABLE PROOF OF IDENTITY FOR PERSON WHOSE PHARMANET RECORD IS AFFECTED	
Document Type	Requirements/Restrictions
FOR A MINOR	
• BC Services Card with their photo	<ul style="list-style-type: none"> • Must be valid (not expired) • Must display a recent (within 5 years) photo • You must photocopy both sides of the card
OR	
• BC Services Card without photo	<ul style="list-style-type: none"> • Must be valid (not expired)
OR	
• BC CareCard	
AND	
• Birth certificate	
FOR AN ADULT	
Option 1	
• BC Services Card with their photo	<ul style="list-style-type: none"> • Must be valid (not expired) • Must display a recent (within 5 years) photo • You must photocopy both sides of the card
Option 2	
• BC Services Card without photo	<ul style="list-style-type: none"> • Must be valid (not expired)
OR	
• BC CareCard	
AND one of the pieces of government-issued photo ID described in the "Acceptable Proof Of Identity For Person Making The Application" table below.	

NOTE: If the minor or adult has only one piece of non-photo ID, provide it and attach an explanation (e.g., person is a dependent adult and is not able to obtain the acceptable photo ID).

ACCEPTABLE PROOF OF IDENTITY FOR PERSON MAKING THE APPLICATION	
Document Type	Requirements/Restrictions
Option 1	
• BC Services Card with your photo	<ul style="list-style-type: none"> • Must be valid (not expired) • Must display a recent (within 5 years) photo • You must photocopy both sides of the card
Option 2	
• BC Services Card without photo	<ul style="list-style-type: none"> • Must be valid (not expired)
OR	
• BC Care Card without photo	<ul style="list-style-type: none"> • Must be valid (not expired)
AND	
• Canadian or U.S. Driver's Licence, Learner's Licence or Enhanced Driver's Licence	<ul style="list-style-type: none"> • Must be valid (not expired) • Must display a recent (within 5 years) photo
• BC Identification (BCID) card or Enhanced Identification Card	<ul style="list-style-type: none"> • Must be valid (not expired) • Must display a recent (within 5 years) photo
• Passport (Canadian or foreign)	<ul style="list-style-type: none"> • Must be valid (not expired)
• Foreign Government Passport	<ul style="list-style-type: none"> • Must be valid (not expired)
• U.S. Passport Card	<ul style="list-style-type: none"> • Must be valid (not expired)

ACCEPTABLE PROOF OF IDENTITY FOR PERSON MAKING THE APPLICATION

Document Type	Requirements/Restrictions
<ul style="list-style-type: none"> Canadian Citizenship Card 	<ul style="list-style-type: none"> Must be valid (not expired) Must display a recent (within 5 years) photo
<ul style="list-style-type: none"> Canadian Permanent Resident Card 	<ul style="list-style-type: none"> Must be valid (not expired) Must display a recent (within 5 years) photo
<ul style="list-style-type: none"> Canadian Forces Identification 	<ul style="list-style-type: none"> Must be valid (not expired) Must display a recent (within 5 years) photo
<ul style="list-style-type: none"> Royal Canadian Mounted Police Identification 	<ul style="list-style-type: none"> Must be valid (not expired) Must display a recent (within 5 years) photo
<ul style="list-style-type: none"> Secure Certificate of Indian Status Card 	<ul style="list-style-type: none"> Must be new secure version issued after 2009. Certificate of Indian Status cards issued prior to 2009 are not accepted Must display a recent (within 5 years) photo
<ul style="list-style-type: none"> Any other credential or evidence approved by the Chief Information Officer for the Province of British Columbia 	<ul style="list-style-type: none"> Where an individual is ineligible for one of the required credentials, additional credentials or evidence may be accepted where approved by the Chief Information for the Province of British Columbia as providing equivalent assurance.

Source: EVIDENCE OF IDENTITY STANDARD , Office of the Chief Information Officer.

PROOF OF AUTHORITY

If you are acting on behalf of another adult, you must submit photocopies of the legal documentation that authorizes you to act on that adult's behalf (i.e., a representation agreement or other legal document granting you that authority) with this application.

If you are the guardian of a minor under 19 years old, you do not have to submit legal documentation at this time. If, however, the Ministry or its delegates requests the documentation, you will have to provide photocopies of the necessary documents.

NEXT STEPS

Once your application has been approved, Health Insurance BC will send you a letter in the mail. This letter provides instructions on what you must do to complete the process.

The letter also contains an access code which you will need to provide to the HIBC customer service representative to confirm your identity.

REMINDER: Once a protective word has been applied to the other person's PharmaNet record, you will need to share that protective word with each health care professional before they can see the other person's personal health information. The health care professional will have to enter the protective word into PharmaNet every time they wish to see this information.

EMERGENCY REMOVAL: If the person is unconscious and neither the person nor their representative is able to provide the protective word, hospital and emergency department practitioners may have it removed if they determine access to the person's PharmaNet patient profile is necessary for safe and effective treatment.

QUESTIONS

If you have any questions about this form or acceptable proofs of identity, contact Health Insurance BC at the address below.

Health Insurance BC
 PO Box 9688 Stn Prov Govt
 Victoria BC V8W 9P8
 Lower Mainland: 604 683-7151
 Rest of BC: 1 800 663-7100
www.hibc.gov.bc.ca