BRITISH COLUMBIA | Ministry of Health

PATIENT ATTACHMENT VERIFICATION

The personal information in this form is collected by the Clinic (named below) and the health authority in which it resides and may be disclosed to the Province's Ministry of Health under the authority of the *Medicare Protection Act* and the *Freedom of Information and Protection of Privacy Act* in order to audit clinic attachments.

SECTION A: PERSONAL INFORMATION

First Name	Last Name	Personal Health Number (PHN)

SECTION B: CLINIC INFORMATION

Practitioner Name
Clinic Name

SECTION C: PRACTITIONER - PATIENT TERMS

Is the Practitioner listed above your Primary Care Provider?

◯ Yes   ◯ No

Has the Practitioner listed above had the following conversation outlining the Patient-Practitioner relationship?

◯ Yes   ◯ No

Physician:
As your primary care provider I, along with my practice team, agree to:
- Provide you with safe and appropriate care
- Coordinate any specialty care you may need
- Offer you timely access to care, to the best of my ability and as reasonably possible in the circumstances
- Maintain an ongoing record of your health
- Keep you updated on any changes to services offered at my clinic
- Communicate with you honestly and openly so we can best address your health care needs

Patient:
As my patient I ask that you:
- Seek your health care from me and my team whenever possible and, in my absence, through my colleague(s)
- Name me as your primary care provider if you have to visit an emergency facility or another provider
- Communicate with me honestly and openly so we can best address your health care needs

SECTION D: AUTHORIZATION

I hereby confirm my attachment to the Practitioner listed above.

Signature	Date Signed (YYYY / MM / DD)

The Ministry of Health advises that individuals use the secure transmission instructions provided by your clinic when submitting this form.

7-Zip User Guide for Patients
HLTH 2989 Patient Attachment Verification

This document outlines how to install and use 7-Zip to securely send the Patient Attachment Verification Form (HLTH 2989) to your clinic. 7-Zip is a free file archiver with a high compression ratio. It is used to create encrypted archive files (also known as Zip files) to ensure secure transport, and both the sender and receiver are required to install 7-Zip on a Windows workstation.

Benefits of Using 7-Zip:
- Your personal information will be encrypted
- The receiver only needs to enter the password once, during the extraction process

Download Link
https://www.7-zip.org/download.html

FAQ Page
https://www.7-zip.org/faq.html

Installing 7-zip
1. Download the 7-Zip '.exe' file via the link provided above (ensure system requirements are met)
2. Double-click the '.exe' file and follow the installation instructions

Creating an Encrypted Archive
1. Right-click the file/folder that you want to archive, and under the "7-Zip" menu, click "Add to archive…"
2. Click "Encrypt file names"
3. **Do NOT** click "Create SFX archive" (self-extracting archive)
4. Under the "Encryption" section, enter a password (use a mixture of 10-15 upper/lower case letters, numbers, and special characters. Try to avoid characters that could be confused with each other like zero and O, or the number one, the letter i and the letter l).
5. By default, the name of the encrypted archive will be the same as the file/folder which you are encrypting. Click on the "Archive" selection box and rename the file/folder to:"[FirstName_LastName_HLTH2989].7z"
6. Only change the ".7z" file extension if required by your clinic. To rename the file extension:
   - Right-click on the archive and click 'Rename' and change the ".7z" to "zzz"
   - If the file extension is hidden, click on the "View" tab in Windows Explorer and check-off the "File name extensions" box
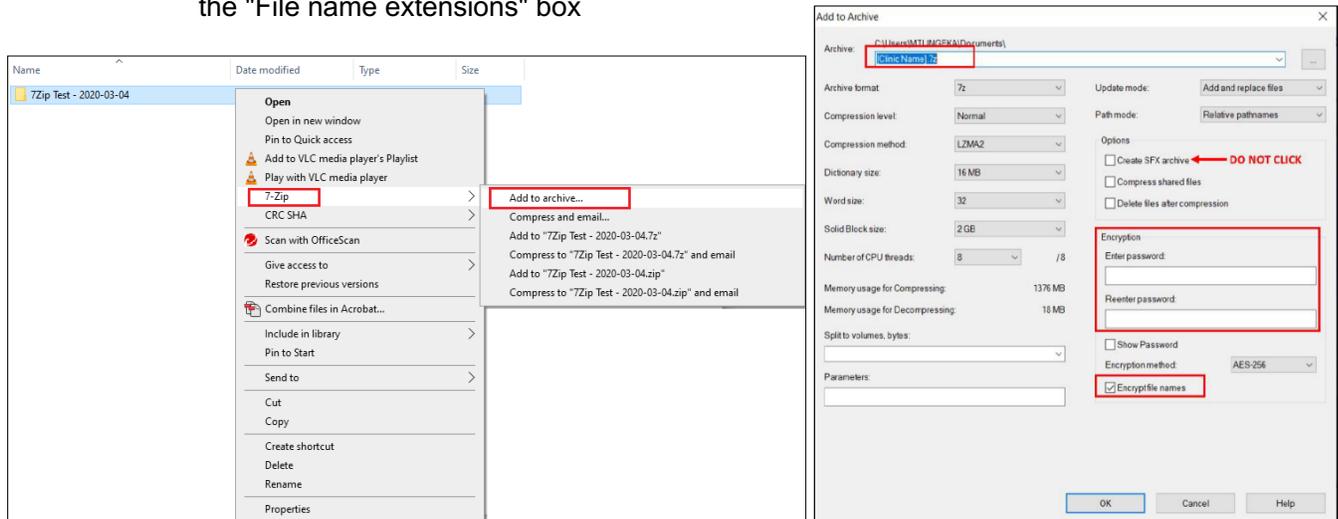

Sending a 7-zip file:
1. Once you have printed, signed and scanned the form, zip the file as per the process above
2. Attach the zipped file to an email and send it to the clinic. Be sure to include "Patient Attachment Verification Form" in the email subject field.
3. Call your clinic with the password to the zipped file during regular business hours - or you can provide the password in a voice message after hours, if your clinic permits

Extracting an Encrypted Archive:
1. Right-click the archive that you want to extract, under "7-Zip" menu, click "Extract Here"
2. You will be prompted to "Enter password" – input the password provided
   - Extracted files/folders will appear in the same location as the archive file/folder
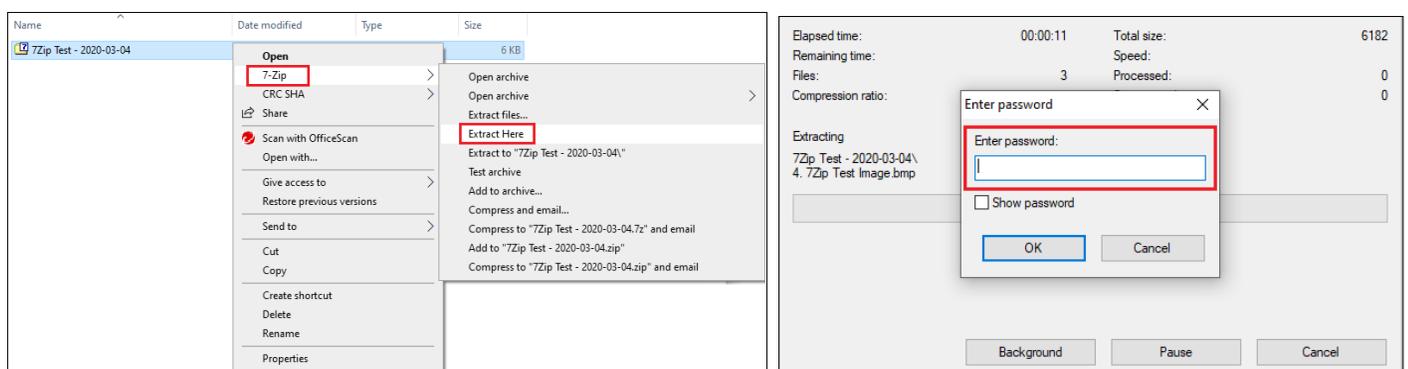
Questions regarding the use of 7-Zip to send the Patient Attachment Verification Form should be directed to your clinic.