



CONSENT FOR RELEASE OF PHARMANET PATIENT RECORD TO THE PATIENT

Use this form to request a copy of your PharmaNet patient record. Use form HLTH 5551 (https://www2.gov.bc.ca/assets/gov/health/forms/5551fil.pdf) to have a copy of a PharmaNet Patient record released to a third-party recipient. PharmaNet patient records must be picked up at a pharmacy of your choice for identity verification reasons. A person aged 12 or older is assumed to be capable of making decisions about access to their own health records, including PharmaNet. Anyone requesting a patient record for a person under the age of 12, or on behalf of another adult, needs to provide confirmation of legal authority.

PATIENT INFORMATION

Form with fields: Legal Last Name, Legal First Name, Legal Middle Name, BC Personal Health Number (BC PHN), Date of Birth (MM/DD/YYYY), Email Address (critical for processing request), Phone Number, Address

PATIENT REPRESENTATIVE INFORMATION

If authorization is given by a person other than the patient, proof of guardianship or legal authority must accompany this form.

Form with fields: Last Name, First Name, Relationship to Patient

PHARMACY INFORMATION

The PharmaNet record of the patient identified above will be delivered to the pharmacy identified below.

Form with fields: Pharmacy Name, Telephone Number, Address, City, Postal Code

AUTHORIZATION

I hereby consent to the Ministry of Health releasing the PharmaNet record of the patient identified above, for the period of

_____ to _____
PATIENT RECORD START DATE (YYYY/MM/DD) PATIENT RECORD END DATE (YYYY/MM/DD)

to the pharmacy named above for the purposes of _____,
REASON FOR REQUEST, E.G. LITIGATION, COMPENSATION CLAIM, ETC.

in accordance with the Pharmaceutical Services Act [SBC 2012] c.22, s.23(2)(b).

Form with fields: Signature of Patient or Representative (patients 12 years and older must sign), Witness Signature, Name of Patient or Representative signing (print), Witness Name (print), Date

Send this form to PharmaNet Profiles Services
by fax to 250-953-0432 or by mail to PO Box 9652 STN PROV GOVT, Victoria, BC, V8W 9P4

Personal information on this form is collected, used and disclosed under the authority of, and in accordance with, the British Columbia Pharmaceutical Services Act and Freedom of Information and Protection of Privacy Act. If you have any questions about the collection or use of this information, contact the PharmaNet Profiles Services Team by email at PharmaNetProfiles@gov.bc.ca or by phoning toll-free at 1-855-952-1432. This form contains confidential information intended only for PharmaNet Profiles Services. Any other distribution, copying or disclosure is strictly prohibited. If you have received this fax in error, please write "MISDIRECTED" across the front of the form and fax to 1-250-953-0432, then destroy the pages received in error.