

Declaration of Status to Access Records of Incapable Minors/Adults or Deceased Persons

This is Part Two of the authorization form and *must only be filled out in full if requesting records of Incapable Minor/Adults or Deceased Persons*

- Please check the appropriate box below to indicate what authority you have to act on behalf of the patient/client.
- **You must be the individual on the list and *proof of the status must be provided.***
- Please note if any dispute exists, or there is confusion about status, we must deny access. Applicants may appeal our decision with the Office of the Information & Privacy Commissioner.
- The form is not required if the request for records is made under Coroner's Act; the Child, Family, and Community Services Act; or other statute.

Purpose of request:

Hierarchy of authorization:

Complete if patient/client is currently under the age of 19 years and not capable of exercising his/her rights. Documentation should include a copy of Guardian by court order or separation agreement or, Custodial parent agreement. Note: Patient/client authorization is required if patient appears to have consented to the treatment. **You must be the authorized person on the hierarchy list, in the following order stated below.**

- Guardian by court order or separation agreement
- Custodian parent

Complete according to Hierarchy if patient/client is deceased

- Court appointed administrator of estate
- Committee of person (and no letters probate yet granted)
- Executor of the will (copy of the will must be provided. If will exists, it must be the person in order of the hierarchy.)
- Spouse (including common law and/or same sex spouse)
- Child of parent/client
- Brother or sister of patient/client
- Grandparent
- Other relative (birth or adopted) → Specify relationship: _____

Complete according to Hierarchy if patient/client is incapable of exercising information rights

- Committee of person
- Committee of estate (only when litigation guardian or committee)
- Representative with legal authority
- Spouse (including common law and/or same sex spouse)
- Child of parent/client
- Brother or sister of patient/client
- Grandparent
- Grandchild
- Other relative

Please note that if any dispute exists, or there is confusion about the status of the applicant, the organization must deny access to the records. Applicants may request a review of the organizations decision with the Northern Health Privacy Office (250 645-8544). Under section 52, of the Freedom of Information and Protection Act, applicants also have a right to appeal the organization's decision with the Office of the Information & Privacy Commissioner. (<http://www.oipbc.org/>)

Person authorized to act in behalf of the client:

Request received by: _____

Date: _____ Facility: _____