



All sites and facilities

Mature Minor Requesting for Their Health Records

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Name: _____
PHN: _____
DOB: _____
Unit: _____
PATIENT LABEL

Personal information contained on this form is collected under The Freedom of Information and Protection of Privacy Act and will be used only for the purpose of responding to your request.

I would like to request unrestricted access to my personal health information contained within HealtheLife:

Name (First/Middle/Last): _____
Date of Birth: (dd/mm/yyyy): _____
PHN (Provincial Health Number/Care Card): _____
Day Phone: _____ Email: _____
Mailing Address: _____
City/Town: _____ Province: _____
Country: _____ Postal Code: _____
Requestor Signature: _____

SECTION BELOW TO BE COMPLETED BY A PHYSICIAN, NURSE PRACTITIONER, OR PSYCHOLOGIST

The Minor above has requested to have unrestricted access to his/her Personal Health Record via the Northern Health Patient Portal - HealtheLife.

HealtheLife is an online web-based system that displays information contained in the Northern Health Enterprise Information System (Cerner). This currently includes Lab and Microbiology Results, Medical Imaging Reports, Certain Transcribed Reports, Upcoming Visits, Visit History, Allergies, and Personal Demographic Information. Additional information will be made available in the future.

As his/her Health Care Provider, you are requested to complete this form to confirm that the minor is sufficiently mature and capable to understand the information contained in their Personal Health Record.

A Minor is defined as anyone under the Age of Majority (19 years in B.C.)

I confirm as of this date that this Patient is sufficiently mature / capable to have unrestricted access to their personal health information contained within HealtheLife:

Health Care Provider Name (First/Middle/Last): _____
Health Care Provider Specialty (Profession or Society): _____
MSP _____
Signature: _____
Date: _____ Phone Number: _____
Mailing Address: _____
City/Town: _____ Province: _____
Country: _____ Postal Code: _____

Note: The signing of this form is for Information Access only; it does not apply for Emergency Health Care or Treatment.

Minors have the option to request access to their health care record information at the Health Records Department of their local NH facility. The minor is to present form and identification to health records for verification.

Print name: _____ Date: _____
Signature: _____

