



All Sites and Facilities
Parent/Guardian of Incapable Minor/Incapable adult
Requesting Access to HealthElife Account Page 1 of 1

Last Name:			
First Name (Preferred Name):			
Encounter Number:	NH Number:	Chart Created: Y/N	
Date of Birth:	Gender:	Age:	Encounter Type:
Responsibility for Payment:		PHN:	
Primary Care Physician/Attending Physician:			
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.

The Parent/Guardian below has requested to have unrestricted access to their Personal Health Record via the Northern Health Patient Portal – HealthElife/Health Record.

I would like to request unrestricted access to:

- My child's personal health information contained within HealthElife
- Incapable minor's personal health information contained within HealthElife(12 - 18)
- Incapable adult's personal health information contained within HealthElife

Name of Parent/Guardian (First/Middle/Last): _____

Name of Minor (Incapable Minor/Incapable Adult): _____

Date of Birth (dd/mm/yyyy): _____

PHN (Provincial Health Number/Care Card): _____

Day Phone: _____ Email: _____

Mailing Address: _____

City/Town: _____ Province: _____

Country: _____ Postal Code: _____

Minor: Refers to an individual under 19 years of age. A Mature Minor refers to an individual between the ages of 12-18 who are capable of providing consent to access and understand their own health record information.

Incapable: An adult or minor who is unable to demonstrate to the most responsible health care provider an understanding of the nature, consequences and foreseeable risks and benefits of decision to receive health care and who also does not understand that the information provided applies to the adult's own situation.

HealthElife is Northern Health's Patient Portal. HealthElife only displays parts of the health record as some information is unavailable digitally or deemed sensitive to protect the privacy and safety of the individual. Additional information will be available in the future.

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 this form and identification to health records for verification.

Print Name: _____ Date: _____
(Patient Name)

Signature: _____
(Parent/Guardian Signature)

