



## **Application Instructions: Release of Patient Care Records**

*Please note: We will return your application to you if you have not completed all required Parts.*

### **Step 1: Complete the Following Parts on the Application**

**Part 1:** Please fill out this Part completely. If you do not know the exact time of ambulance service, provide your best estimate.

**Part 2:** Check the box corresponding to the records you would like. Please note that a separate application must be filled out for each separate ambulance call.

**Part 3:** Please fill out this Part completely. Please include a daytime telephone number and a return address at which you can be reached, as we may have to contact you to properly process your application.

**Part 4:** If you are the patient requesting your own records and are 12 years of age or older, you must sign and date this Part.

***Please Note: Parents/guardians, if your child is over 12 years of age, your child MUST sign the application to obtain their records.***

**Part 5:** If the patient is a child under 12 years of age or otherwise unable to consent (e.g., mentally incompetent, deceased), you must complete this section in full, including the reason for your request. If you require more space, please attach an additional sheet of paper to your application. Please include any documentation supporting your application.

1. If your child is under the age of 12 years, you must provide supporting documentation proving you are the custodial parent. Acceptable supporting documentation would include, but is not limited to, a letter from a lawyer, school teacher, or a doctor stating that they have knowledge that you are the custodial parent.

***Please Note: If you are requesting the records of a deceased patient, you MUST ensure that your application also includes the following:***

2. A copy of the deceased patient's will, letters probate, or letters of administration naming you (or the requestor) as the deceased patient's representative.
3. If no personal representative is named, you may act on the deceased's behalf if you are the nearest relative of the deceased patient. Those who may act for the deceased patient have priority in the following order: spouse, child of mature age (12 years of age or older), parent, sibling, and lastly, any other next of kin who have reached the age of majority.



## British Columbia Ambulance Service

4. Health care records are an individual's personal records, and considered private. Upon death, a person does not lose their legal right to privacy. BC Ambulance Service (BCAS) is required by law to obtain a comprehensive explanation for the reason you are seeking the deceased patient's records, including an explanation of how you are acting in the deceased patient's best interests.
5. If you are the personal representative or nearest relative of the deceased patient you must print your full name, sign and date this Part.

### **Step 2: Mail or fax your completed application to:**

**(Important Note: Please do not send duplicate requests, as this will only delay your application.)**

#### **Mail or fax to:**

Patient Care Records  
BC Ambulance Service Provincial Headquarters  
PO Box 9600 STN PROV GOVT  
Victoria BC V8W 9P1

**Fax:** 250-953-3119

**Have questions or need help? Call:** 250-356-2113