

PERSONAL HEALTH INFORMATION REQUEST FORM

When seeking personal health information under *The Child and Family Services Act* from Manitoba Health, Seniors and Active Living (MHSAL), a Regional Health Authority, a public health program, a health care facility or a private practitioner.

SECTION 1: COLLECTION AUTHORITY – This form is a onetime request for personal health information for the purpose of:	
<input type="checkbox"/> Conducting a child protection investigation pursuant to Subsection 18.4(1) of <i>The Child and Family Services Act</i> .	
<input type="checkbox"/> Providing child protection services pursuant to Subsection 18.4(1) of <i>The Child and Family Services Act</i> .	
<input type="checkbox"/> Caring for a child under apprehension pursuant to Subsection 25(1) of <i>The Child and Family Services Act</i> .	
<input type="checkbox"/> Fulfilling responsibilities as temporary or permanent guardian under <i>The Child and Family Services Act</i> .	
<input type="checkbox"/> Notifying an individual of a hearing pursuant to Subsection 20(2), 25(4) or 30(1) of <i>The Child and Family Services Act</i> .	
<input type="checkbox"/> Other: _____ <div style="text-align: right;">(Please contact MHSAL directly at 204-788-6612 to verify this authority)</div>	

SECTION 2: TRUSTEE INFORMATION – What trustee is the information being requested from?	
Name of Department/Facility/Program:	Health Practitioner Name (if known):

SECTION 3: CHILD AND FAMILY SERVICES CONTACT INFORMATION		
Authority: <input type="checkbox"/> General <input type="checkbox"/> First Nations of Northern MB <input type="checkbox"/> Southern First Nations Network of Care <input type="checkbox"/> Métis		
CFS Agency:	CFS Worker:	
Phone:	Fax:	
Address:	City/Town:	Postal Code:
Signature:	Date of Request:	

SECTION 4: TIMEFRAME FOR PROVIDING INFORMATION		
<input type="checkbox"/> Immediately <input type="checkbox"/> Within 2 Weeks <input type="checkbox"/> Within 30 Days		

SECTION 5: INFORMATION IS BEING SOUGHT ON THE FOLLOWING INDIVIDUAL(S) CHECKED BELOW:			
<input type="checkbox"/>	Mother's Last Name:	First:	Middle:
	PHIN:	Registration No.:	D.O.B.:
	Address:	City/Town:	Postal Code:
<input type="checkbox"/>	Father's Last Name:	First:	Middle:
	PHIN:	Registration No.:	D.O.B.:
	Address:	City/Town:	Postal Code:
<input type="checkbox"/>	Other Person – Last Name:		First:
	<input type="checkbox"/> M <input type="checkbox"/> F PHIN:	Registration No.:	D.O.B.:
	Address:	City/Town:	Postal Code:

SECTION 5: INFORMATION IS BEING SOUGHT ON THE FOLLOWING INDIVIDUAL(S) CHECKED BELOW (continued):

<input type="checkbox"/>	Child 1 Last Name:	First:	<input type="checkbox"/> in care <input type="checkbox"/> not in care
	<input type="checkbox"/> M <input type="checkbox"/> F PHIN:	Registration No.:	D.O.B.:
<input type="checkbox"/>	Child 2 Last Name:	First:	<input type="checkbox"/> in care <input type="checkbox"/> not in care
	<input type="checkbox"/> M <input type="checkbox"/> F PHIN:	Registration No.:	D.O.B.:
<input type="checkbox"/>	Child 3 Last Name:	First:	<input type="checkbox"/> in care <input type="checkbox"/> not in care
	<input type="checkbox"/> M <input type="checkbox"/> F PHIN:	Registration No.:	D.O.B.:
<input type="checkbox"/>	Child 4 Last Name:	First:	<input type="checkbox"/> in care <input type="checkbox"/> not in care
	<input type="checkbox"/> M <input type="checkbox"/> F PHIN:	Registration No.:	D.O.B.:

SECTION 6: PERSONAL HEALTH INFORMATION BEING REQUESTEDList the **specific** information being requested (include dates if possible):

Once this form has been completed and signed, fax it to the trustee that maintains the information being sought.
A list of fax numbers follows below on page 3.

SECTION 7: DISCLOSING TRUSTEE'S INFORMATION (to be filled in by the trustee receiving this request)

Disclosing Employee:		Phone:
Position:		Fax:
<input type="checkbox"/> Requested information provided.	<input type="checkbox"/> By phone: HARDCOPY FOLLOW-UP REQUIRED	
	<input type="checkbox"/> By mail <input type="checkbox"/> By courier <input type="checkbox"/> By fax <input type="checkbox"/> Pickup by authorized person	
<input type="checkbox"/> Requested information provided in part .	Explanation:	
<input type="checkbox"/> Requested information not provided.	Explanation:	
Signature:		Date:

Once completed, this form is to become part of the permanent health and CFS records of the subject individual(s).
This form has been created and agreed to by Manitoba Health, Seniors and Active Living, Manitoba Child and Family Services
and the Manitoba Regional Health Authorities.

Contact Information

What sort of information is maintained by Manitoba Health, Seniors and Active Living (MHSAL)?

INFORMATION TYPE	MHSAL BRANCH
Client addresses and contact information	Fee-for-Service / Insured Benefits
Demographic information (birthdates, addresses, phone numbers, etc.)	Fee-for-Service / Insured Benefits
Registration information (e.g. sibling names in the same family)	Fee-for-Service / Insured Benefits
Personal Health Identification Numbers (PHINs) and Registration numbers	Fee-for-Service / Insured Benefits
Billing/medical claims history	Business Relations Unit
Prescription medication history	Provincial Drug Programs

- Fee-for-Service / Insured Benefits Branch – Tel: 204-792-6418 Fax: 204-783-2171
- Business Relations Unit – Tel: 204-786-7118 Fax: 204-772-2248
- Provincial Drug Programs – Tel: 204-786-7141 Fax: 204-786-6634

Where can I obtain medical records pertaining to health care treatment or visits?

While RHAs are the trustees of any personal health information collected during the course of providing health care and maintained by regional home care and public health services, mental health and primary care, as well as most rural and urban hospitals, when seeking PHI under this protocol, the accompanying *Personal Health Information Request Form* should typically be sent directly to the facility or program that maintains the information. If you are not sure where to direct a request for information, contact the local RHA directly:

- Winnipeg RHA: 204-926-7000 (switchboard)
- Northern RHA: 204-778-1565
- Prairie Mountain Health RHA: 204-578-4359
- Southern Health-Santé Sud RHA: 204-822-2655
- Interlake-Eastern RHA: 204-785-7240

Where can I obtain immunization / vaccination histories?

Immunization and vaccination histories can be obtained through your local Community Public Health Office. MHSAL does not directly provide them.

Do you have questions or concerns regarding this form or how to use it?
Email MHSAL at PHIAinfo@gov.mb.ca.