Disclosure Directive Request Form

Manitoba Health, Seniors and Active Living

The Public Health Information Management System (PHIMS) is a provincial electronic health information system, which supports the management of immunizations, communicable disease cases and outbreaks and contains personal health information (PHI) which is collected, used, disclosed and maintained in a private, confidential and secure manner in accordance with The Personal Health Information Act (PHIA).

Any individual has the right to place or reverse a Disclosure Directive with Manitoba Health, Healthy Living and Seniors (MHSAL) and have his/her PHI masked or unmasked in PHIMS. Masking prevents those without specific higher level authority from viewing your PHI.

Please send completed form by mail or fax to:

Population and Public Health Branch
Manitoba Health Seniors and Active Living
Fax: 204-948-3775
Mailing Address: 4F – 300 Carlton Street, Winnipeg, Manitoba R3B 3M9

In order to best assist you, please provide the following information in full:

Authority of Individual Placing this Request
☐ I am the individual to whom this information pertains (please complete sections 2 and 6)
☐ I am the individual's representative and authorized to exercise his/her PHIA rights (please complete all sections)

SECTION 1: Person for whom the Disclosure Directive is being made		
Given Name(s)	Surname	
Date of Birth (mmm/dd/yyyy) / /	Phone Number	
Address	City/Town	Postal Code
6-Digit Manitoba Health Registration Number *	9-Digit Personal Health Identification Number	
*If you **do not** have a Manitoba Health Registration Number, please provide your health card number and issuing jurisdiction in the provided space below:		
Health Card Number	Province, Territory or Federal Authority	

SECTION 2: Request Type (please check only one)	
I wish to:	☐ submit a Disclosure Directive ☐ withdraw a previously placed Disclosure Directive

DRAFT

SECTION 3: Representative Contact Information (if applicable).		
Full Name		Phone Number
Mailing Address	City/Town	Postal Code

SECTION 4: Security Questions	
Please answer at least two of the following questions. You will be asked these questions if you wish to withdraw the Disclosure Directive in the future:	
What street did you live on in third grade?	
What is the middle name of your youngest child?	
What school did you attend for sixth grade?	
In what city/town did your mother and father meet?	
In what city/town did you work your first job?	
What is your mother's maiden name?	
What is the make and model of your first car?	

SECTION 5: Authority to Make This Request

Please check the applicable box below and attach documentation verifying that you are authorized to act on behalf of the individual about whom this information concerns:

- ☐ I have written authorization from the individual to exercise his/her PHIA rights.
- ☐ I am the individual's proxy appointed under The Health Care Directives Act.
- ☐ I am the individual's committee appointed under The Mental Health Act and have the power to make health care decisions for the individual.
- ☐ I am the individual's substitute decision maker for personal care appointed under The Vulnerable Persons Living with a Mental Disability Act.
- ☐ The individual is a minor. I am the custodial parent/guardian of the minor and the minor does not have the capacity to make health care decisions.
- ☐ The individual is deceased and I am the executor or administrator of the individual's estate.
- ☐ No person above exists or is available; pursuant to Section 60(2) of PHIA (see page 3). I wish to exercise the rights of the individual who lacks the capacity to do so because I am related to him/her in the following way:

  ____

(Continue to SECTION 6: Authorization)

SECTION 6: Authorization
I undertake that I have the authority to make this request. If I am not the individual the information is about, I understand that I may be required to provide documentation confirming my authority to make this request. I understand that this request cannot be processed until the department has contacted me by phone to verify my information. Date: Signature of Authorized Individual (mmm/dd/yyyy)

The information you are being asked to provide on this form is collected under the authority of The Personal Health Information Act (PHIA) and is necessary to process and respond to your request. Any information you provide will be protected in accordance with PHIA. If you have any questions about the collection, use or disclosure of your information, call: 204-786-6612

MHSAL USE ONLY	
Date received:	Received by:
Request Processing Task:	**Date Completed:**
Date of contact to confirm authority:	
Date Disclosure Directive placed/removed:	
DD placed/removed confirmation notification provided:	☐ By phone ☐ By letter
Notification provided by:	

The Personal Health Information Act (PHIA)

Section 60

Exercising rights of another person

60(1) The rights of an individual under this Act may be exercised

(a) by any person with written authorization from the individual to act on the individual's behalf;

(b) by a proxy appointed by the individual under *The Health Care Directives Act*;

(c) by a committee appointed for the individual under *The Mental Health Act* if the committee has the power to make health care decisions on the individual's behalf;

(d) by a substitute decision maker for personal care appointed for the individual under *The Vulnerable Persons Living with a Mental Disability Act* if the exercise of the right relates to the powers and duties of the substitute decision maker;

(e) by the parent or guardian of an individual who is a minor, if the minor does not have the capacity to make health care decisions; or

(f) if the individual is deceased, by his or her personal representative.

If person unavailable

60(2) If the trustee reasonably believes that no person listed in subsection (1) exists or is available, the adult person listed first in the following clauses who is readily available and willing to act may exercise the rights of an individual who lacks the capacity to do so:

(a) the individual's spouse, or common-law partner, with whom the individual is cohabiting;

(b) a son or daughter;

(c) a parent, if the individual is an adult;

(d) a brother or sister;

(e) a person with whom the individual is known to have a close personal relationship;

(f) a grandparent;

(g) a grandchild;

(h) an aunt or uncle;

(i) a nephew or niece.

Ranking

60(3) The older or oldest of two or more relatives described in any clause of subsection (2) is to be preferred to another of those relatives.