



Please complete all sections and return to: **Group Medical Services** #200-3303 Hillsdale Street, Regina, SK S4S 7J8

### A. Request

I/We, \_\_\_\_\_, hereby request and authorize Group Medical Services (GMS) to release a copy of the information described below to myself/ourselves:

Information Requested	For the Dates Shown Below
	DD / MM / YY
	DD / MM / YY
	DD / MM / YY

I/We understand and agree that:

1. I am (we are) only entitled to personal and personal health information for myself/ourselves and my/our dependants under the age of 18. Information about a third party will require their written consent.
2. GMS will charge a fee for gathering and providing this information and I/we agree to pay all such fees prior to receiving the information requested.
3. GMS has the right to confirm my identity prior to providing this information.

### B. Personal Information

In order for GMS to verify my (our) identity, I am (we are) providing the following information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth DD / MM / YYYY

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ GMS Contract ID Number \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Individual Making Request X \_\_\_\_\_

### C. Fee Schedule and Payment Options

If you are requesting Personal Information and/or Personal Health Information about yourself, the following fees will apply:

Description	Fee
Electronic Information for current policy year and two (2) previous policy years.	No charge for first request per year; \$25.00 per request for each subsequent request.
Electronic Information for any additional year(s).	\$25.00 per year requested <sup>1</sup> + \$0.50 per page printed or copied.
Any information that must be retrieved from paper files.	\$25.00 per year requested <sup>1</sup> + \$0.50 per page printed or copied.

<sup>1</sup> Required fee payable in advance. The per page fee is payable upon request of information.

Payment Amount \$ \_\_\_\_\_  Cheque  Visa  MasterCard

Credit Card Number \_\_\_\_\_ Expiry Date MM / YY

Signature of Card Holder X \_\_\_\_\_