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| MRN |
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MRI, Rm. G-63, ECU, 2211 Wesbrook Mall, Vancouver, B.C. V6T 2B5, 604-822-7720 fax 604-822-0702

## REQUEST FOR MRI/RADIOLOGY IMAGES OR REPORTS

The public have the right to request access to their own MRI or Radiology reports held in the custody and control of the Radiology Department at UBC (VH & HSC) in accordance with the Freedom of Information and Protection of Privacy legislation and the Hospital's Fees Policy.

- Written request is required with photo I.D. witnessed by a Radiology staff member.
- Images or reports will not be released to a third party without written permission.
- **There is no fee to Canadian citizens for one copy of your report, however, copies of diagnostic images are not covered under the FOI policy.** See below for charges. Note the additional fees for rush requests.
- Copies of images are available in digital CD format only. We no longer provide film format.
- After we have received this form by fax or mail, payment must be made between the hours of 10:00 to 2:00 at the hospital cashier located at the UBC hospital main entrance in person or by telephone using a credit card. Call 604-822-7555 for credit card payment. Bring this form and your payment receipt to MRI. Your requested items will be mailed within 30 days.

Patients complete this section

I, \_\_\_\_\_  
Last Name
First Name
Date of Birth

\_\_\_\_\_ Address Postal Code Telephone Number(s)

|   |                              |                          |
|---|------------------------------|--------------------------|
| <b>request copies of my MRI/radiology examination as follows:</b> | <b>Report only</b>           | <input type="checkbox"/> |
| Charges apply for CD: see below                                   | <b>CD of images only</b>     | <input type="checkbox"/> |
| Charges apply for CD: see below                                   | <b>CD of images + report</b> | <input type="checkbox"/> |

| MRI/Radiology Exam(s) | Date(s) of Exam |
|-----------------------|-----------------|
|                       |                 |
|                       |                 |
|                       |                 |

**I hereby release UBC Hospital Radiology Department (VH&HSC) employees and agents from any claims whatsoever which may arise as a result of the release of the above records.**

Dated \_\_\_\_\_ Patient Signature \_\_\_\_\_

3<sup>rd</sup> Party Signature \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Office use only

| Report only  | No charge for one FOI copy   | N/C                                   |
|--|--|---------------------------------------|
| Additional reports   | \$10.00  |                                       |
| <b>Search Fee</b> —applies to all requests for CD or additional reports except for FOI | \$30.00  |                                       |
| Additional Searches  | \$10.00  |                                       |
| <b>Copies of UBC Hospital films</b>  | \$10.00 per original film (including US)                           |                                       |
| <b>Copies of outside facility films</b>  | \$50.00 per original film  |                                       |
| <b>Copies of Nuclear Medicine paper copy</b>   | \$10.00 per page   |                                       |
| <b>CD Fees</b> Note, we can not copy outside CDs.                                      | \$30.00  |                                       |
| <b>Rush Fees</b>   | Less than 1 day \$150.00<br>1-2 days \$100.00<br>3-7 days \$ 50.00 |                                       |
| <b>Approved research subjects</b>  | No charge  | N/C                                   |
| Cashier please credit acct 001-3-341155-519000   |  | Total                                 |
| Completed by (initial)   |  | Received receipt from cashier. (init) |