



BCFHT Inquiries Form

The intent of this form is to inquire about any of the following information listed below
Please note that we will respond to requests based upon urgency.

Please select your area of concern below.

Privacy Related Concern(s):

- Access to Personal Health Information
- Request to Correct Personal Health Information
- Request a Consent Directive – Lockbox
- Request to Withdraw Consent
- Privacy Incident or Complaint

General Concern(s):

- Report an Incident
- Complaint
- Feedback

Client Information:

Surname: _____ Given Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Date of Birth: _____

Please write down the specific details of your request:

(Please include date/time if reporting an incident)
