FAXED
Dec. 30/10
1:16 P.M (PST)

Wendy Seidel
Health Records Dept.
300 booth Drive,
Winnipeg, Manitoba
R3J 3M7

Fax: 204-889-4795

December 31, 2010

Dear Wendy,

**Subject: Medical Records Lionel Bouchard Dec. 17, 2005 – January 27, 2006**

It has come to our attention that family members may have requested, without authorization, my medical records.

Would you please review your records and forward written request from anyone who may have requested any medical information pertaining to myself (other than Marlene Légaré who has the power of attorney for me) to fax 604-465-5632.

Thank you!

Lionel Bouchard

Lionel Bouchard
204-781-6387 Cellular

URGENT!

...PINE PRESCRIPTION WAS
... 29/200

THE SALVATION ARMY
GRACE GENERAL HOSPITAL
WINNIPEG, MAN.

372940

Grace General Hospital
**REQUEST TO ACCESS PERSONAL HEALTH INFORMATION**

I, André Bouchard (Name of Applicant) request that Grace HOSPITAL (Name of Facility/Program), provide access to the personal health information of:

Patient Name: Bouchard, Lionel (Last Name / First Name(s))

Address: Box 81 Elie MB R0H 0H0

D.O.B.: Jan 22/1924 PHIN:

Phone No.: H: 857-5000 W: 857-2096

**Person requesting access (if different from above):**

Name: Bouchard (Last Name) André (First Name(s)) ~~P.O.A.~~

Relationship to Patient: Son
(or legal authority for request)

Address: Box 746. Portage La Prairie MB

Phone No.: H: 204·857·5000 W: 204·857·2096 or 8711

**Dates and Where Service Provided:** (Facility/Department/Program/Clinic/Service) Emergency, Dec 16/05 & readmitted Dec 27th, 2005 for several weeks until ~~December~~ January 27/06.

**Specific Information Requested:**

All Information

**Reason for Request: (Optional)** Personal Records

* BACKDATED

FAXED Feb. 8/2006!

Signature: [signature] ANDRÉ BOUCHARD Date: Jan 12 2006

I authorize Lynda Staub &/or Claire Demery to view and/or receive copies of the above-noted personal health information in my place. new has POA. — cell 461-1759 home 467-7789

You will be contacted within 30 days of the receipt of your request. At that time, the availability of the information will either be confirmed to you or you will be informed that your request cannot be granted. If the information is available you will be charged a processing fee of $25. to access the information. If you are requesting a copy, the cost will be .50¢ per page for photocopies and ____ per page for copies reproduced from microfilm.

can leave message

**To be filled out by Privacy Officer (or designate):** send all info' willing to pay for everything

Signature: 133 pages Date Received:

Form No. 367805 Rev. 03/00

N.B.
No power of attorney faxed in according to evendy!