Inscyte Corporation

Request for Individual Access to Personal Health Information

Inscyte Corporation will provide information about the existence of cervical cancer screening test results in CytoBase pertaining to an individual. The request must be made by the individual herself, or by the individual's legal substitute decision maker. The disclosed information will consist of a list of screening tests performed, each described by the date of the test, specimen accession number, the name of the healthcare provider that requested the test and the name of the laboratory that reported the results. Inscyte's privacy policy prevents disclosure of the diagnostic or clinical information on these tests. However, the requester may subsequently contact the healthcare providers or laboratories for further information.

To make a request please fill out this form in full and mail or courier to:

Inscyte Corporation – Attn: Privacy Officer
Suite 403, 2 Berkeley Street, Toronto, Ontario M5A 2W3.

1. Identification of the person for whom information is requested:

Surname	First Name	Middle Name
Provincial Health Number	Date of Birth (dd/mm/yyyy)	

2. Please Describe the Reason for the Request:

(continue on next page)

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3. Name and contact information of the person making the request:

☐ **I am the person for whom information is being requested, or**

☐ **I am the legal substitute decision maker of the person for whom information is requested**

(Please attach documentation providing legal proof of your status as the substitute decision maker)

Surname _____ First Name _____ Middle Name _____

Street Number _____ Street _____ Apt/Suite _____

City/Town _____ Province _____ Postal Code _____

Area Code _____ Telephone _____ Email _____

Signature _____ Date _____

NOTE: You must also include proof of your identity in one of the following forms:

i. Copies of two pieces of photographic identification (eg: driver's license, health card, passport, etc.) or,

ii. An affidavit from a notary public or lawyer that certifies that the requester is the individual they claim to be, as well as a signed statement, by a person who qualifies as a guarantor, which certifies that the guarantor has known the individual making this request for at least two years, and that the individual is who they claim to be.

For Office Use Only	
Received By:	
Date:	
Inquiry Number:	