



Inscyte Corporation

Request for Individual Access to Personal Health Information

Mail both pages of this completed and signed request form to INSCYTE Corporation, Suite 403, 2 Berkeley Street, Toronto, Ontario M5A 2W3. Please include proof of identity in one of the following forms:

- i. Certified 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 for passport purposes (ie: a physician, police officer, pharmacist, school principal, professional accountant or bank signing officer) 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.

Individual the request is made for

Surname

First Name

Middle Name

Provincial Health Number

Date of Birth (dd/mm/yyyy)

Legal Substitute Decision Maker*

Surname

First Name

Middle Name

* The legal substitute decision maker **MUST** include proof of their legal status as decision maker for the individual the request is for, along with this request form.

Requester's Current Contact Information

Street Number

Street

Apt/Suite

City

Province

Postal Code

Area Code

Telephone

Email

(continued on next page)

