

Request Form for Resident File from the Restigouche Hospital Centre (RHC)

Fill out this form to get a copy of your resident file from RHC.

There are files about people who lived at the Restigouche Hospital Centre.

These are called 'Resident' files. These files have private information.

If you lived at RHC, there may be a file with information about you.

Only some people can have a copy.

You can get a copy. Or your substitute decision maker can get a copy.

A substitute decision maker is someone who is allowed to make decisions for you.

You need to fill out this form to get a copy of your RHC Resident file.

You must send in the form by **January 26, 2024**.

Please note the following information.

- You do not need to review your file or fill out this form to make a claim.
- If you are making a Section A Claim, you are not required to submit information from your RHC file to make a claim.
- An estate needs to have written permission to get a person's file.

IF YOU WANT YOUR RHC FILE, PLEASE FILL IN THIS INFORMATION.

My first name is _____ . (Write your full first name. Do not write your nick-name.)

My middle name is _____ . (Leave this out if you do not have a middle name.)

My last name is _____ .

I used to have another name or other names. My other name or names were _____ . (Leave this out if you did not have other names.)

My birthday is _____ .

I was born in the month _____ .

I was born in the year _____ .

I lived at RHC the following year(s):

_____ .

If you still live at RHC, please check this box

I want to use this address to get information about my RHC File:

Street and number _____

Apartment number (if you have one) _____

City or town _____

Province _____

Country _____

Postal code _____

The claims office can contact me about my resident file at the following phone number or TTY number.

Area code _____

Phone number or TTY number _____

If you do not have a phone **or** TTY number, leave this out. Or you can put the number of someone you trust below.

This is the phone number of someone I trust.

My email address is _____. Leave this out if you do not have an email address.

If you have a substitute decision maker, write their name here.

IF YOU FILLED IN THIS FORM FOR YOURSELF, IT IS NOW COMPLETE. PLEASE SEND IT TO THE CLAIMS ADMINISTRATOR BY JANUARY 26, 2024.

IF YOU FILLED IN THIS FORM FOR SOMEONE ELSE, PLEASE ANSWER THE FOLLOWING QUESTIONS.

What is your name? _____

What is your address? _____

What is your phone number **or** TTY number?

What is your email address? _____

Write an X in the box or boxes that apply to you.

- A family member
- A support person
- A support agency - What is the name of the agency?

- A lawyer - What is the name of your law firm or legal clinic?

- The Public Guardian and Trustee
- A Substitute Decision Maker or power of attorney - There has been a legal finding that the person being helped is not able to make their own decisions about money.

Substitute Decision Makers must include the following documents with this Claim Form.

1. The Notice of Decision Letter and Appointment Document, and;
2. Renewal of Substitute Decision Maker, if applicable.

- The executor or trustee of someone who lived at RHC and the person died **after** May 24, 2017. If you represent an estate, you must include the following documents with this Claim Form.

1. Letters of Administration;
2. Letters of Administration with Will Annexed;
3. Grant of Probate; or
4. Other: _____ (please see Claim Form for other acceptable documentation in the event a will is not available)

If you are acting on behalf of someone else, you have to submit documents. These documents show that you are allowed to act on behalf of the person making a claim. This applies to the following roles.

- Substitute Decision Maker
- Power of Attorney

- Executor or Trustee of the Estate

IF YOU FILLED IN THIS FORM FOR SOMEONE ELSE, IT IS NOW COMPLETE. PLEASE SEND IT TO THE CLAIMS ADMINISTRATOR BY JANUARY 26, 2024.