



SIoux LOOKOUT
Meno Ya Win
 HEALTH CENTRE

P.O. Box 909, Sioux Lookout, ON P8T 1B4
 Tel: 807-737-3030 Fax: 807-737-5115
 www.slmhc.on.ca

DATE: 16/11/22

TO: BRYAN PHELAN
 c/o NISHNAWBE-ASKI LEGAL
 308 SECOND STREET S., SUITE 14
 KENORA
 ON,P9N 1G4

RE: RICHARD JOSEPH MAKAHNOUK
 DOB: 30/05/1979

In response to your request for information from the health record of the above named patient, please note the following:

o As per your request, the following information is enclosed:

- Discharge Summary
- Laboratory Reports
- Consultation Report
- Pathology Report
- Other

- History/Physical Exam
 - Operative Reports
 - Radiology Reports
 - Out-Patient Record(s)
- Dated: 2012 - PRESENT

This information is confidential and for your information only. It is not for duplication or redistribution.

- o A copy of the discharge summary will be forwarded upon completion.
- o Our records indicate that copies were mailed to you on 16/11/22 and should be in your possession at this time.
- o Patient has not received treatment in hospital on the date of _____ as indicated in your letter.
- o There is no record of this person having been an inpatient or outpatient of this hospital.
- o The patient cannot be identified; additional information is requested as follows:
 - o Date of Birth
 - o Dates(s) of Attendance
 - o Other _____
- o Authorization is not valid. We shall be pleased to comply with your request upon receipt of the patient's signed authorization, as per Regulation 865 of the Ontario Public Hospital Act.
- o We require the original signed consent form, duly witnessed and dated within the last three months.
- o At this time, we are returning your letter of request. Please resubmit.
- o The fee for this release is \$ 48.50 and is payable to Sioux Lookout Meno-Ya-Win Health Centre.


 Sonya Fewer, CHIM
 Privacy Officer