



SIoux LOOKOUT
Meno Ya Win
HEALTH CENTRE

Sioux Lookout Meno-Ya-Win Health Centre

P.O. Box 909
Sioux Lookout, Ontario P8T 1B4
Tel. : 807-737-3030 Ext. 4052
Fax: 807-737-6280

2
AMOUNT ENCLOSED
TYPE
\$
CLIENT

CLIENT NAME NISHNAWBE-ASKI LEGAL SERVICES	CLIENT ACCOUNT NUMBER NISH-KENORA	BILLING DATE 05/04/22
GUARANTOR NISHNAWBE-ASKI LEGAL SERVICES 14 - 308 SECOND STREET SOUTH KENORA ON P9N 1G4		INSURANCE COVERAGE

SERVICE DATE	DESCRIPTION	QTY	AMOUNT
30/03/22	MED HX 2 DIRECT CLIENT TRANSACTIONS ADDITIONAL PAGES 1-25 +ADDS ;SL011879 KYLE GREIG HST	1	56.42
			7.33

	TAX: HST		63.75
	TAX REG #: 896100658RT		7.33

HST # 10798 2589 RT0001 ACCOUNT NUMBER

TOTAL 63.75
TOTAL CREDITS 0.00

TOTAL PATIENT DUE 63.75

PAYMENT METHODS	
Cheque, made payable to: Sioux Lookout Meno Ya Win Health Centre	
EFT: Bank Name:	Bank of Montreal
Address:	61 Front St., PO Box 639 Sioux Lookout, ON PST 1B4
Bank Institution No.:	001
Bank Transit:	24037
Bank Account Number:	1016-255
Credit Card, please contact: 1-807-737-3030 ext. 4058 or ar@slmhc.on.ca	

DATE: 28/03/22 @ 1743
USER: HUTCHINI

Sioux Lookout Health Centre - MRI
RELEASE OF INFORMATION REQUEST DETAIL

PAGE 1

REQUEST NUM 12341

STATUS: COMPLETE TYPE: LAW

Med Rec Num SL00011879
GREIG, KYLE JOSHUA

ID VERIFIED COMMENTS

REQUESTER

NAME: NISHNAWBE-ASKI LEGAL SERVICES
ADDRESS: 14-308 SECOND STREET SOUTH
KENORA ON P9N 1G4
PHONE: 807-467-8467
EMAIL:

DATE NEEDED:

LOGGED ON: 11/03/22

LAST LETTER: SLMHC IN 28/03/22

COMPLETED BY: HUTCHINI 28/03/22

PAGES	FEE	PAID?	TOTAL
1 - 20	30.00	N	30.00
135	0.25	N	33.75

GRAND TOTAL: 63.75

TOTAL PAGES: ~~136~~

FROM DATE 01/01/06
THRU DATE 28/03/22

REQUESTED INFO

REC Entire Record

COMMENTS

REPORTS PERTAINING TO GLADUE REPORT

ACTIVITY	DATE	TYPE	USER	LETTER
	28/03/22	STATUS COMPLETE	HUTCHINI	
	28/03/22	MS WORD LETTER	HUTCHINI	SLMHC IN
	28/03/22	LETTER PRINTED	HUTCHINI	SLMHC IN

ISS

COPY



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: 28/03/22

TO: NISHNAWBE-ASKI LEGAL SERVICES
 14-308 SECOND STREET SOUTH

KENORA
 ON,P9N 1G4

RE: KYLE JOSHUA GREIG
 DOB: 27/04/1986

COPY

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: 2006 - 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 28/03/22 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 \$ 63.75 and is payable to Sioux Lookout Meno-Ya-Win Health Centre.


 Sonya Fewer, CHIM
 Privacy Officer