Mental Health Review Board

REQUEST FOR AUDIO RECORDING AND/OR EXHIBIT

Complete this form to request **access to an exhibit** or a **copy of the audio recording** from a completed review panel hearing. This request must be received within one year of the hearing date. Send the completed form to the Board by email (MHRBScheduling@gov.bc.ca) or fax (604-660-2403).

The Rules of Practice and Procedure, Rule 25, applies to this form. Do not use this form for requests for access to information under the Freedom of Information and Protection of Privacy Act.

Accommodations are arrangements that allow everyone, regardless of their ability, to participate fully in the Board's processes. If you require accommodation, please contact us.

1. Who is making this request?

Name:	
Email:	Phone Number:
What is the best way to contact you? ☐ Email ☐ Mail ☐ Phone	
If you want to be contacted by mail, provide your mailing address including postal code:	

2. Who is the patient?

☐ Check box if the patient is named in #1. (skip #2)

Name:	
Email:	Phone Number:

3. What is the hearing date?

Date:

4. What is being requested?

☐ Exhibit(s) Describe the exhibit(s)? _____

☐ Review Panel Audio Recording

5. What is the reason for your request?

Explain why you want a copy of the exhibit(s)/audio recording.

6. Confirm all of the following:

- ☐ I will only use the exhibit(s) and/or audio recording for the purpose approved by the Review Board. I will not allow anyone else to use the exhibit(s) and/or audio recording for any other purpose.
- ☐ I will not copy or record the exhibit(s) and/or audio recording, or any part of them. I will not allow anyone else to copy or record them.
- ☐ I will keep the exhibit(s) and/or audio recording secure and will take reasonable steps to prevent anyone else from accessing them.
- ☐ I will not upload, distribute, or otherwise share the exhibit(s) and/or audio recording, or any part of them, with another person or on the Internet. I will not allow anyone else to upload, distribute, or otherwise share them. I will only share the exhibit(s) and/or the audio recording with my lawyer for the purpose of getting legal advice.

Signature:	Date:

CONTACT US: **Phone**: 604-660-2325 **Fax:** 604-660-2403 **Email:** MHRBScheduling@gov.bc.ca

The information collected on this form is collected pursuant to section 25 of the *Mental Health Act* and section 11 of the *Administrative Tribunals Act*. It will be used to process your request for access to Mental Health Review Board records. If you have any questions about the collection, use or disclosure of the information you provide on this form, contact the Board's Information and Privacy Officer at MHRBScheduling@gov.bc.ca.