



Privacy, Planning, and Performance

# Request for Record of Visit (ROV) History for Income Tax Purposes



Client's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Health Care Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ DD/MONTH/YYYY

By default, Eastern Health will only provide the date(s) associated with visit(s) for the last calendar year, unless otherwise specified in the 'Additional Notes' section below. A record of visit history will include visits to all Eastern Health facilities, except the Cancer Centre, captured using electronic registration. If a record of visits with the Cancer Centre is required, please note such in the 'Additional Notes' section below. For the date(s) associated with visit(s) for a clinic/facility not operated by Eastern Health, you will need to contact the specific clinic/facility to learn what they require.

If you want your records emailed back to you, please include a copy of a government-issued photo ID (e.g. driver's license) with your completed form. The photo ID is needed to confirm your identity. Your record of visit history will be returned that same email address only. If you prefer that the ROV be mailed to you, we will mail it to the address Eastern Health has on file for you.

Your request will be processed as quickly as possible. However, processing times vary. It is best to submit your request in a timely manner. The fee associated with this request is \$10.00 (HST included) per request/per client. While money order or cheque are accepted, payment via credit card is preferred.

**Additional Notes:** \_\_\_\_\_

**Requests must contain signatures of both child and parent from ages 12-15. Individuals 16 years of age and older must sign for their own information.**

\_\_\_\_\_  
Client's Signature \_\_\_\_\_  
Date

If the person requesting information is not the client, state the relationship and authority to do so.

\_\_\_\_\_  
Signature of Authorized Representative \_\_\_\_\_  
Relationship

### Forward request to:

If you are from the Bonavista-Clareville Area:

roi.gbc@easternhealth.ca

For questions or to make a credit card payment, call:

**709-466-3411**

If you are from the Burin Peninsula Area:

roi.burin@easternhealth.ca

For questions or to make a credit card payment, call:

**709-891-3425**

If you are from the Rural Avalon Area:

roi.cgh@easternhealth.ca

For questions or to make a credit card payment, call:

**709-945-5278**

If you are from elsewhere in the Eastern Health Region:

roi.mps@easternhealth.ca

For questions or to make a credit card payment, call:

**709-752-3974**

### FOR OFFICE USE ONLY

Processed by: Name: \_\_\_\_\_ Date: \_\_\_\_\_ DD/MONTH/YYYY

Signature: \_\_\_\_\_