



REQUEST FOR ACCESS TO PERSONAL HEALTH INFORMATION ON BEHALF OF A PATIENT

Access – is the right of the individual (or his/her lawfully authorized representative, per Section 56 HIPA) to view or obtain copies of records in custody or control of a Trustee. Health Information Protection Act, Section 32.

Patient Information:			
First and Last Name (as appears on health card)		Health Services Number (province of issue included)	
Previous or Maiden Name			
Date of Birth (mmm-dd-yyyy)			
Guardian or Substitute Decision Maker Information:			
Guardian or Substitute Decision Maker First and Last Name		Relationship to Patient	
Mailing Address		Telephone Number	
		Home:	Cell:
City	Province/State	Postal or Zip Code	
E-mail Address			
Personal Health Information Requested:			
Please list the site(s) you are requesting your information from (<i>this does not include private clinics</i>):			
<hr/>			
<hr/>			
Please provide specific information requested and dates of visits:			
<hr/>			
<hr/>			
<input type="checkbox"/> <i>If you only need proof of your visit to the facility, check here (no charge)</i>			
Receipt of Personal Health Information:			
How do you wish to access this information? Please select one:			
<input type="checkbox"/> Receive copies of originals: <input type="checkbox"/> Mail to address above <u>or</u> <input type="checkbox"/> Pick-up only (Full name of person picking up: (_____) (If different than requestor)			
<input type="checkbox"/> Examine original with a Saskatchewan Health Authority (SHA) representative (<i>appointment required</i>)			
Please note any personal health information selected for pick up that is left more than 90 days from date of request will be destroyed and a new request must be submitted.			
Signature of applicant: _____		Date: _____	
<i>By typing your name above, you are verifying that the information provided is true and correct.</i>			
You will be contacted within 30 days of the receipt of request. If the information is available you will be charged a processing fee of \$20.00 per Access request and \$0.25 per photocopied page, or a \$20.00 fee for examining records with an SHA representative. (GST/PST exempt)			
<i>For facility mailing addresses, please refer to the Acute Care Facilities document found on the Health Information Services webpage.</i>			
For administrative use only:			
Received by: _____		Date received: _____	
Released by: _____		Date released: _____	
Verify: <input type="checkbox"/> Government issued identification <input type="checkbox"/> Permission to contact by telephone <input type="checkbox"/> Permission to leave message at above telephone number			
Fees waived: _____		Approved by: _____	

MySaskHealthRecord gives you quick and easy access to your personal health information through a secure website or mobile app.
Visit ehealthsask.ca or call 1-844-767-8259.



HOW TO COMPLETE AND SUBMIT A REQUEST FOR ACCESS TO PERSONAL HEALTH INFORMATION FORM ON BEHALF OF THE PATIENT

On Behalf of the Patient (for Legal Guardians or Substitute Decision Makers)

- Enter the patient's first and last name
- Enter the patient's Health Services Number and date of birth.
- If you are requesting health information for another individual (example: your infant child, or someone for whom you are acting as legal guardian or substitute decision maker), enter your name, relationship and complete mailing information.

Personal Health Information Requested

Please be as specific as possible in completing this part of the form. This will assist the Saskatchewan Health Authority in responding to your request accurately, completely and quickly.

- List the precise records or information you are requesting (example: records relating to an outpatient visit).
- Provide the name of the facility that provided the health services (example: Saskatoon City Hospital).
- Specify the time period when the patient received health services (this will allow staff to retrieve records relating to those services).
- Identify the clinic, program or area that provided the services (example: Emergency; Immunization; Social Work Services).
- Indicate how you wish to receive the information.
- *Sign and date your request.*

Authorization

When you make a request for health information, you will be asked to provide proof of your identity before the records are provided to you.

If you are a Legal Guardian or Medical Decision Maker, you will be asked to provide evidence of your authority to exercise that power (e.g.: guardianship order; proxy; medical decision-making documentation; excerpts from a will naming you as executor and the date and signature of the will).

Payment

All requests for health information are subject to a processing fee of **\$20.00 plus \$0.25** per photocopied page, or a **\$20.00** fee for examining records with an SHA representative. **(GST/PST exempt).**

Submission of Request

Submit your request by delivering in person, mailing, or faxing to the facility you are making the request to. In order to assist you, an [Acute Care Facilities contact list](#) is located online or via the QR code below. Please contact the location where you received health services. If your request involves more than one location, you will only be subject to a single processing fee.

[Acute Care Facilities contact list](#)

