



## REQUEST FOR ACCESS TO PERSONAL HEALTH INFORMATION

**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.

<b>Patient Information:</b>		
First and Last Name (as appears on health card)		Health Services Number (province of issue included)
Date of Birth (dd-mmm-yyyy)	Telephone Number Home ( ) - Cell ( ) -	
Mailing Address		
City	Province/State	Postal or Zip Code

<b>Personal Health Information Requested:</b>
Please list the site(s) you are requesting your information from ( <i>this does not include private clinics</i> ):
_____
_____
_____
Please provide specific information requested and dates of visits:
_____
_____
_____
_____

<b>Receipt of Personal Health Information:</b>
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> )
<b>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.</b>
Signature of applicant: _____ Date: _____
You will be contacted within <b>30 days</b> of the receipt of request. If the information is available you will be charged a processing fee of <b>\$20.00</b> (plus GST) <i>per Access request</i> and <b>\$0.25</b> per photocopied page, or a <b>\$20.00</b> fee for examining records with an SHA representative.
<input type="checkbox"/> Check if you are requesting a waiver of fees due to a financial hardship.
<i>Please refer to the Access Guidelines for appropriate facility mailing address.</i>

<b>For administrative use only:</b>
Received by: _____ Date received: _____
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: _____



## 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)
Date of Birth (dd-mmm-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

Personal Health Information Requested:
Please list the site(s) you are requesting your information from ( <i>this does not include private clinics</i> ):
_____
_____
_____
Please provide specific information requested and dates of visits:
_____
_____
_____
_____

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> )
<b>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.</b>
Signature of applicant: _____ Date: _____
You will be contacted within <b>30 days</b> of the receipt of request. If the information is available you will be charged a processing fee of <b>\$20.00</b> (plus GST) <i>per Access request</i> and <b>\$0.25</b> per photocopied page, or a <b>\$20.00</b> fee for examining records with an SHA representative.
<input type="checkbox"/> Check if you are requesting a waiver of fees due to a financial hardship.
<i>Please refer to the Access Guidelines for appropriate facility mailing address.</i>

For administrative use only:
Received by: _____ Date received: _____
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: _____



**Patient Information (if you are the patient)—page 1**

- Enter your first and last name (as it appears on the Health Card).
- Enter your Health Services Number and date of birth.
- Enter your telephone number at which you may be contacted during business hours and your complete mailing address.

**On Behalf of the Patient (for Legal Guardians or Substitute Decision Makers)—page 2**

- 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 (e.g.: 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 (e.g.: records relating to an outpatient visit).
- Provide the name of the facility that provided the health services (e.g.: 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 (e.g.: 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; power of attorney specific to medical decision-making; 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 GST) plus \$0.25** per photocopied page, or a **\$20.00** fee for examining records with an SHA representative. You may request a waiver of fees for reason of financial hardship.

**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, a facilities contact list is provided 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.

**Please label envelope "Attn: Health Records/Release of Information"**

**Arcola Health Centre**  
607 Prairie Avenue, Box 419  
Arcola, SK S0C 0G0  
Phone: 306-455-2771

**Assiniboia Union Hospital**  
501 - 6th Avenue, Box 1120  
Assiniboia, SK S0H 0B0  
Phone: 306-642-9414

**Biggar and District Health Centre**  
501 - 1st Avenue West, Box 130  
Biggar, SK S0K 0M0  
Phone: 306-948-3323, ext. 2725

**Broadview Union Hospital**  
901 Nina Street  
Broadview, SK S0G 0K0  
Phone: 306-696-5500

**Canora Hospital**  
1219 Main Street, Box 749  
Canora, SK S0A 0L0  
Phone: 306-563-1268

**Davidson Health Centre**  
900 Government Road, Box 758  
Davidson, SK S0G 1A0  
Phone: 306-567-2801

**Esterhazy - St. Anthony's Hospital**  
216 Ancona Street, Box 280  
Esterhazy, SK S0A 0X0  
Phone: 306-745-3973

**Estevan - St. Joseph's Hospital**  
1176 Nicholson Road  
Estevan, SK S4A 0H3  
Phone: 306-637-2452

**Fort Qu'Appelle - All Nations' Healing  
Hospital**  
450 - 8th Street, Box 300  
Fort Qu'Appelle, SK S0G 1S0  
Phone: 306-332-5611

**Gravelbourg - St. Joseph's Hospital**  
Box 810  
Gravelbourg, SK S0H 1X0  
Phone: 306-648-3185

**Herbert and District Integrated Health  
Facility**  
405 Herbert Avenue  
Herbert, SK S0H 2A0  
Phone: 306-784-2466, ext. 1

**Hudson Bay Health Care Facility**  
614 Prince Street, Box 940  
Hudson Bay, SK S0E 0Y0  
Phone: 306-865-5600

**Humboldt District Health Complex**  
515 - 14th Avenue, Box 10  
Humboldt, SK S0K 2A0  
Phone: 306-682-8195

**Ile a La Crosse - St. Joseph's Hospital  
and Health Centre**  
Box 630  
Ile a La Crosse, SK S0M 1C0  
Phone: 306-833-2016

**Indian Head Union Hospital**  
300 Hospital Street, Box 340  
Indian Head, SK S0G 2K0  
Phone: 306-695-4000

**Kamsack Hospital and Nursing Home**  
341 Stewart Street, Box 429  
Kamsack, SK S0A 1S0  
P: 306-542-1963

**Kelvington and Area Hospital**  
701 - 6th Avenue West, Box 70  
Kelvington, SK S0A 1W0  
Phone: 306-327-5500

**Kerrobert and District Health Centre**  
115 Manitoba Avenue, Box 320  
Kerrobert, SK S0L 1R0  
Phone: 306-834-2646, ext. 2800

**Kindersley and District Health Centre**  
1003 - 1st Street West  
Kindersley, SK S0L 1S2  
Phone: 306-463-1000, ext. 2517

**Kipling Integrated Health Centre**  
906 Industrial Drive, Box 420  
Kipling, SK S0G 2S0  
Phone: 306-736-5501

**La Loche Health Centre and Hospital**  
Bag Service 1  
La Loche, SK S0M 1G0  
Phone: 306-822-3200

**La Ronge Health Centre**  
227 Blacklund Street, Box 6000  
La Ronge, SK S0J 1L0  
Phone: 306-425-4828

**Lanigan Union Hospital**  
36 Downing Drive East, Box 609  
Lanigan, SK S0K 2M0  
Phone: 306-365-1400

**Leader and District Integrated  
Healthcare Facility**  
400 - 1st Street West  
Leader, SK S0N 1H0  
Phone: 306-628-5513

**Lloydminster Hospital**  
3820 - 43rd Avenue  
Lloydminster, SK S9V 1Y5  
Phone: 306-820-6000

**Maidstone Health Complex**  
214 - 5th Avenue East, Box 160  
Maidstone, SK S0M 1M0  
Phone: 306-893-2622

**Maple Creek Southwest Integrated  
Healthcare Facility**  
102 - 5th Avenue West  
Maple Creek, SK S0N 1N0  
Phone: 306-662-5802

**Meadow Lake - Northwest Health  
Facility**  
#1-711 Centre Street  
Meadow Lake, SK S9X 1E6  
Phone: 306-236-1500

**Melfort Hospital**  
510 Broadway Avenue, Box 1480  
Melfort, SK S0E 1A0  
Phone: 306-752-8700

**Melville - St. Peter's Hospital**  
200 Heritage Drive, Box 1810  
Melville, SK S0A 2P0  
Phone: 306-728-9226

**Moose Jaw - Dr. F.H. Wigmore  
Regional Hospital**  
55 Diefenbaker Drive  
Moose Jaw, SK S6J 0C2  
Phone: 306-694-0289

**Moosomin - Southeast Integrated  
Care Centre**  
601 Wright Road, Box 1470  
Moosomin, SK S0G 3N0  
Phone: 306-435-6252

**Nipawin Hospital**  
800 - 6th Street East, Box 389  
Nipawin, SK S0E 1E0  
Phone: 306-862-6100

**North Battleford** - Battlefords Mental Health Centre  
1092 – 107th Street  
North Battleford, SK S9A 1Z1  
Phone: 306-446-6500

**North Battleford** - Battlefords Union Hospital  
1092 - 107th Street  
North Battleford, SK S9A 1Z1  
Phone: 306-446-6600

**North Battleford** - Saskatchewan Hospital  
Box 39  
North Battleford, SK S9A 2X8  
Phone: 306-446-6800

**Outlook** and District Health Centre  
500 Semple Street, Box 369  
Outlook, SK S0L 2N0  
Phone: 306-867-8676, ext. 201

**Porcupine** Carragana Hospital  
207 Elm Street, Box 520  
Porcupine Plain, SK S0E 1H0  
Phone: 306-278-2151

**Preeceville** & District Health Centre  
712 - 7th Street North East, Box 469  
Preeceville, SK S0A 3B0  
Phone: 306-547-2102

**Prince Albert** - Victoria Hospital  
1200 - 24th Street West  
Prince Albert, SK S6V 5T4  
Phone: 306-765-6073

**Redvers** Health Centre  
18 Eichhorst Street, Box 30  
Redvers, SK S0C 2H0  
Phone: 306-452-3553

**Regina** - General Hospital  
1440 - 14th Avenue  
Regina, SK S4P 0W5  
Phone: 306-766-4899, Option 2

**Regina** - Pasqua Hospital  
4101 Dewdney Avenue  
Regina, SK S4T 1A5  
Phone: 306-766-2306

**Regina** - Wascana Rehabilitation Centre  
2180 - 23rd Avenue  
Regina, SK S4S 0A5  
Phone: 306-766-5657

**Rosetown** and District Health Centre  
409 - Highway 4 North, Box 850  
Rosetown, SK S0L 2V0  
Phone: 306-882-2672, ext. 2222

**Rosthern** Hospital  
2016 - 2nd Street, Box 309  
Rosthern, SK S0K 3R0  
Phone: 306-232-4811

**Saskatoon** - Royal University and Jim Pattison Children's Hospitals  
Royal University Hospital  
103 Hospital Drive  
Saskatoon, SK S7N 0W8  
Phone: 306-655-1722

**Saskatoon** - St. Paul's Hospital  
1702 - 20th Street  
Saskatoon, SK S7M 0Z9  
Phone: 306-655-5216

**Saskatoon** City Hospital  
701 Queen Street  
Saskatoon, SK S7K 0M7  
Phone: 306-655-8351

**Shaunavon** Hospital & Care Center  
660 - 4th Street East, Box 789  
Shaunavon, SK S0N 2M0  
Phone: 306-297-1957

**Shellbrook** - Parkland Integrated Health Centre  
#100 Dr. J.L. Spencer Drive, Box 70  
Shellbrook, SK S0K 3R0  
Phone: 306-747-2603

**Swift Current** - Cypress Regional Hospital  
429 - 4th Avenue North East  
Swift Current, SK S9H 2J9  
Phone: 306-778-9480

**Tisdale** Hospital  
2010 - 110th Avenue West, Box 1630  
Tisdale, SK S0E 1T0  
Phone: 306-873-6500

**Turtleford** - Riverside Health Complex  
1st Street South, Box 10  
Turtleford, SK S0M 2Y0  
Phone: 306-845-2195

**Unity** and District Health Centre  
Airport Road, Box 741  
Unity, SK S0K 4L0  
Phone: 306-228-2666, ext. 2965

**Wadena** Hospital  
433 - 5th Street North East, Box 10  
Wadena, SK S0A 4J0  
Phone: 306-338-9928

**Watrous** District Health Complex  
702 - 4th Street East, Box 130  
Watrous, SK S0K 4T0  
Phone: 306-946-1200

**Weyburn** General Hospital  
201 - 1st Avenue North East  
Weyburn, SK S4H 0N1  
Phone: 306-842-8417

**Wolseley** Memorial Integrated Care Centre  
801 Ouimet Street, Box 458  
Wolseley, SK S0G 5H0  
Phone: 306-698-4440

**Wynyard** Hospital  
300 - 10th Street East, Box 670  
Wynyard, SK S0A 4T0  
Phone: 306-554-2586

**Yorkton** Regional Health Centre  
270 Bradbrooke Drive  
Yorkton, SK S3N 2K6  
Phone: 306-786-0435