



**CONSENT FOR DISCLOSURE OF PERSONAL HEALTH INFORMATION**

**Disclosure** – is the exposure of personal health information to a separate entity, not a division or branch of the trustee in custody or control of that information. An example of disclosure includes the permitted release of patient information to a third-party by the Saskatchewan Health Authority (SHA).

<b>Authorization:</b>	
I, _____, hereby authorize the _____ <small>(Full name of individual, guardian, or legal representative) (Program/Facility)</small>	
to release the following specified health information to _____ <small>(Person/Company/Agency authorized to receive health information)</small>	
Relationship to patient (if not the patient): _____	
Authorizer's Telephone Number: Home (____) _____ - _____ Cell (____) _____ - _____	

<b>Whose Information is Being Requested?</b>	
First and Last Name (as appears on health card)	
Health Services Number (province of issue included)	Date of Birth (dd-mmm-yyyy)

<b>Personal Health Information Requested</b> <i>(If possible, please provide dates and locations where services are provided):</i>

<b>Address of Person/Company/Agency Authorized to Receive Health Information:</b>	
Address: _____	Town/City: _____
Province/State: _____	Country: _____ Postal or Zip Code: _____
Telephone Number: (____) _____ - _____	Fax Number: (____) _____ - _____

You will be contacted within **30 days** of the receipt of request. If the information is available you will be charged a processing fee in accordance with health information management policy, or a **\$20.00** fee for examining records with an SHA representative. **(GST/PST exempt)**

\_\_\_\_\_  
(Printed Name of applicant)

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Date)

- Receive copies of originals
- Pick up only
- Fax
- Mail to address above
- Examine originals with an SHA representative *(appointment required)*

*Please refer to the Access Guidelines for appropriate facility mailing address.*

<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: _____



### Authorization for the Release/Disclosure of Information

- Enter your first and last name (as the patient, guardian or legal representative).
- Specify the specific program or facility you are authorizing to release the information.
- Specify the person, company or agency you are authorizing to receive the health information.
- Enter the telephone number at which you (the authorizer) may be contacted during business hours.

### Whose Information is Being Requested?

- Enter the last name and first name of the patient (as it appears on the Health Card).
- Enter the Health Services Number and date of birth of the patient.

### 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).

### Address of Person/Company/Agency Authorized to Receive Health Information

- Indicate the complete mailing address and contact information of the person, company or agency you wish to receive the information.
- Indicate how the health information should be delivered or picked up.
- *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 in accordance with health information management policy, 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, 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: 306-327-5505

**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