Saskatchewan Health Authority

Internal Reference MRN

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.*

Patient Information:		
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

Personal Health Information Requested:

Please list the site(s) you are requesting your information from (*this does not include private clinics*):

_____

_____

_____

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:

❑ Receive copies of originals: ❑ Mail to address above or ❑ Pick-up only (Full name of person picking up: _____)
(If different than requestor)

❑ Examine original with a Saskatchewan Health Authority (SHA) representative (*appointment required*)

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:** _____

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)**

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

For administrative use only:

Received by: _____ Date received: _____

Verify: ❑ Government issued identification ❑ Permission to contact by telephone ❑ Permission to leave message at above telephone number

Fees waived: _____ Approved by: _____