



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>)
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)
<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: _____