Saskatchewan Health Authority

Internal Reference MRN

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).*

The patient/client or his/her authorized representative must complete this form before the SHA may disclose the patient's/client's health information to someone else (unless Saskatchewan's *Health Information Protection Act* authorizes disclosure without consent). The information on this form, together with any record authorizing a representative to act on behalf of the patient/client, is being collected under Sections 5 and 6 or the *Health Information Protection Act* for the purpose of recording the patient's/client's consent to the specified disclosure and will be filed on the patient/client record.

Authorization:

I, _____, hereby authorize the _____
(Full name of individual, guardian, or legal representative) (Program/Facility)

to release the following specified health information to _____.
(Person/Company/Agency authorized to receive health information)

Relationship to patient (if not the patient): _____

Authorizer's Telephone Number: Home (_____) _____ - _____ Cell (_____) _____ - _____

Whose Information is Being Requested?

First and Last Name (as appears on health card)

Health Services Number (province of issue included)	Date of Birth (dd-mmm-yyyy)

Personal Health Information Requested *(If possible, please provide dates and locations where services are provided)*:

_____

_____

_____

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

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 may be charged a processing fee in accordance with the health information management fee schedule.

I authorize the SHA to disclose the health information described above to the individual(s) or organization(s) identified above. I understand why I have been asked to disclose my individually identifying information. I am aware of the risks and benefits of consenting, or refusing to consent, to the disclosure of my health information. I understand that I may revoke this consent in writing at any time.

_____
(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*)

Date consent is effective (mm-dd-yyyy): _____	Expiry date (mm-dd-yyyy): _____ (*valid for one year if no date*)

For facility mailing addresses, please refer to the Acute Care Facilities document found on the Health Information Services webpage.

For administrative use only:

Received by: _____ Date received: _____

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

Fees waived: _____ Approved by: _____

Saskatchewan Health Authority

HOW TO COMPLETE AND SUBMIT A CONSENT FOR DISCLOSURE OF PERSONAL HEALTH INFORMATION FORM

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 (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).

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 (Example: 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, an *Acute Care Facilities* contact list can be found adjacent to this form online. 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.