



NAME: \_\_\_\_\_

HSN: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

SITE: \_\_\_\_\_

**REQUEST FOR ACCESS TO PERSONAL HEALTH INFORMATION – CURRENT RECORD**

A. I (name of applicant), \_\_\_\_\_ request Saskatchewan Health Authority (SHA) provide access to personal health information [health record] from my current inpatient record.

Patient name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Date of birth (mm/dd/yyyy): \_\_\_\_\_ Health Services Number: \_\_\_\_\_

B. Person requesting access (if different from above) [must have legal authority to make request on behalf of patient]:

Name (please print): \_\_\_\_\_

Relationship to patient/Legal authority\* [e.g. guardian, proxy]: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

\*Attach proof that you can legally act on behalf of the patient listed above

In certain circumstances, a **Consent for Disclosure of Personal Health Information** form completed by the patient will be required. →



C. To assist in the processing of this request, please provide the following additional information:

Specific information (including dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. How do you wish to access this information? Please select one:

- Examine originals with an SHA team member
- Receive copies of originals
- I want a family member or other individual(s) to view my information

Name of individual(s): \_\_\_\_\_

You or your designate will be provided access to your personal health information or reasons as to why access is denied within 48 hours.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of releaser: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit requests to a member of your healthcare team. There will not be a charge for any patient requesting information on their current record while they are an inpatient.**

MySaskHealthRecord gives you quick and easy access to your personal health information through a secure website or mobile app. Visit [ehealthsask.ca](http://ehealthsask.ca) or call 1-844-767-8259