



Saskatoon Health Region
Health Record Services
Request for Access to Personal Health Information

A. I, (Name of applicant) _____ request that Saskatoon Health Region provide access to personal health information from the following site(s):

Royal University Hospital Saskatoon City Hospital St. Paul's Hospital

Other _____

Patient Name: (Please print) _____

Address: _____

City: _____ Postal Code: _____ Telephone # _____

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

B. Person requesting access *if different from above*:

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 requested (including dates): _____

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

Receive copies of originals: Pick-up or Mail to address A or B (above)

Examine originals with the Client Representative

You will be contacted within 30 days of the receipt of request. At that time, either the availability of the information will be confirmed or you will be informed why your request cannot be granted. If the information is available, you will be charged a processing fee of \$20.00 plus a charge of \$.25 per photocopied page.

Signature of applicant: _____ Date: _____

Submit requests by mail or fax to: Health Record Services
c/o Saskatoon City Hospital
Saskatoon Health Region
701 Queen Street
Saskatoon, SK S7K 0M7

Fax: (306) 655-8727