

Appendix “A”

Access Request Form

Request for Access to Personal Information

APPLICANT INFORMATION (must be completed):

Name: _____
Address: _____
Unit: _____
City and Province: _____
Postal Code: _____
Phone Number: _____

REPRESENTATIVE INFORMATION (complete only if applicable):

I, the undersigned, hereby authorize the following person to act on my behalf and to receive personal information about me, as necessary for the purposes of this request:

Representative Name: _____
Organization: _____
Address: _____
Unit: _____
City and Province: _____
Postal Code: _____

PERSONAL INFORMATION REQUESTED

Please provide details of the information requested:

METHOD OF ACCESS PREFERRED

Please indicate the preferred method by which you wish to access documents containing your personal information:

- Receive copies of originals
- Examine originals at 3sHealth's offices

Signature of applicant

Date

IMPORTANT INFORMATION:

This completed and signed form must be hand delivered or sent by registered mail to the following:

Health Shared Services Saskatchewan
800-2002 Victoria Avenue
Regina, Saskatchewan S4P 0R7
ATTENTION: Privacy Officer

3sHealth will respond to your request within 30 days of its receipt of this form. If 3sHealth needs to extend the time to deal with your request, you will be notified of the new deadline and the reasons for the extension. If 3sHealth refuses to provide the requested information, you will be notified of the grounds for the refusal.