

REQUEST FOR ACCESS TO PERSONAL HEALTH INFORMATION

CONTACT INFORMATION OF APPLICANT

First and Last Name:		Date of Birth (dd-mm-yyyy)
Address:		
City:	Province:	Postal Code:
Telephone Number:	E-mail Address:	
Benefit ID Number (if applicable):	Claim Number (if applicable):	

GUARDIAN OR SUBSTITUTE DECISION MAKER INFORMATION

(if applicable – attach proof that you have authority to receive the information requested)

Guardian or Substitute Decision Maker First and Last Name:		
Relationship to Applicant:		
Address:		
City:	Province:	Postal Code:
Telephone Number:	E-mail Address:	

DETAILS OF REQUEST

Please indicate which report(s) you would like to receive and date of report if known.

METHOD OF ACCESS

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

- Mailed to the above address
- E-mailed to the above e-mail address (reports will be encrypted with a password that will be provided to you by phone)
- Pick up from 3sHealth (identification required) Full name of person picking up: _____ (if different than requestor)
- Examine the original with a 3sHealth representative (appointment required)

Signature of Applicant:	Date:
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FOR ADMINISTRATIVE USE ONLY

Received by:

Date Received:

Released by:

Date Released:

2/2 – 2022.08.03

IMPORTANT INFORMATION

Please submit this completed form to: **Attention:** Privacy Officer

3sHealth

700-2002 Victoria Avenue

Regina, Saskatchewan S4P 0R7

Or email PrivacyOfficer@3sHealth.ca

3sHealth will respond to your request within 30 days of receiving 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 ground for the refusal.