

Disclosing Different Types of Personal Health Information

The table below outlines the process to disclose different types of PHI.

- Where indicated below that fees are charged to the requestor for disclosing an individual’s PHI, see [Health Information Services - Provincial Fee Schedule](#) for amount.
- Where there are differences between this document and current legislation, current legislation takes precedence.
- When a patient or designate request copies of the health record, the ROI request form and documentation of release must be provided unless there is clear indication on the document that it might cause harm. In that situation the physician must be notified and provide the Access to Information (ATI) – Provider Review Form to indicate the rationale for not disclosing.
- For more information related to processing requests for personal health information, refer to the Access and Disclosure of Personal Health Information Procedure ([SHA-07-003P4](#)).

Type of PHI Requested	Consent Required From	Requirements/Considerations	Legislative Reference	Fees
Adoption (PHI of Individual Prior to Adoption)	Biological mother	<ul style="list-style-type: none"> • The individual must have the biological mother’s consent to have PHI of the individual prior to adoption information disclosed. • If the individual does not have the biological mother’s consent, don’t charge a fee and refer inquiries to: Saskatchewan Post Adoption Registry 10th Floor, 1920 Broad Street Regina, SK S4P 3V6 Phone: (306) 787-3654 Toll-free: 1-800-667-7539 Fax: (306) 798-0038 Email: postadoptionregistryinsask@gov.sk.ca 	<i>The Adoption Regulations (Sask) 2003 s 33 (6)</i>	Yes
Autopsy Report	Individual’s personal representative	Non-medical legal autopsies: <ul style="list-style-type: none"> • These are autopsies that are not a coroner’s case and are filed in the medical record). • Consents granted before death are not valid after the individual’s death. 		Yes
	N/A	Refer the requestor to coroner’s office for coroner’s autopsies: Saskatchewan Coroners Services 1050-2010 12 th Avenue Regina, SK S4P 0M3 Phone: (306) 787-5541 or toll free 1-888-592-7845	<i>The Coroners Regulations (Sask) s. 12.1</i>	N/A

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Blood Transfusions, Blood Products or Hepatitis C	Individual	<ul style="list-style-type: none"> • Copy the request and send it to the Transfusion department in the Laboratory and place the original request on the individual's chart. • Keep a copy of the lab's findings on the individual's chart once received. 		Yes
Blood Type	Individual	<ul style="list-style-type: none"> • Encourage the individual to check with their family physician for this information as blood typing is not a routine test performed and we may not have the information. 		No
Deceased Individual Information	See Work Standard	<ul style="list-style-type: none"> • See Autopsy Report for information related to autopsies. • The information requested relates to circumstances surrounding the death of, or services recently received by, the individual and the disclosure is made to a member of the individual's immediate family or to anyone else with whom the individual had a close personal relationship with. • See Disclosure of Personal Health Information After Death Work Standard • See Disclosure of Personal Health Information for Genetic Disease when Individual is Deceased Work Standard 		Yes
Individual on remand or incarceration (federal or provincial) requesting own PHI (i.e. an inmate)	Individual	<p>If the applicant (i.e. the individual on remand or incarceration) clearly identifies their name, their identifiers and the record(s) they are requesting access to, process the request and mail the record(s) to the applicant's attention at the address provided on the form.</p> <p>If the request is unclear, HIS/OA must call the telephone number included on the written request if one is provided and request to speak to the applicant. If no phone number is provided, HIS/OA will write to the applicant to seek clarification on his/her request.</p>		No
Medical Genetics	Individual	Client consent is not required where the request is for the continuity of care.		No
Mental Health	Individual	HIS or the Medical Office Assistant must complete the Access to Information – Mental Health Review Form for provider approval prior to disclosing mental health PHI.		Yes
	Individual	Non-SHA team members request blood/body fluid exposure results.		No

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Occupational Blood/Body Fluid Exposure	N/A	<ul style="list-style-type: none"> Results from an SHA team member with a blood/body fluid exposure while at work are released to the SHA Occupational Health & Safety (OHS) nurse. Non-team members' results are never shared with SHA OHS. Source blood work is not shared. 		No
Proof of Birth	Individual or individual's personal representative	<ul style="list-style-type: none"> The child is under the age of 1. The request indicates the information is for tax purposes. 		No
		The child is over the age of 1.		Yes
Radiology Imaging	N/A	<ul style="list-style-type: none"> Refer inquiries to the Radiology Department for medical media. When copies of the dictated report are provided to the individual, the Request for Access for Personal Health Information Form needs to be provided to the local HIS department as well as kept in the department releasing the information. 		Yes – Radiology Imaging Fees
Registrations (Birth or Death)	N/A	<ul style="list-style-type: none"> This information is not part of the individual's chart. Refer inquiries to: Vital Statistics 2130 11th Avenue Regina, SK S4P 0J5 Phone: (306) 787-3251 or 1-800-667-7551 Death certificates may also be obtained from the funeral home. 		No
Research	Dependent on type of research project	Research is required to have research ethics review/approval or exemption and the SHA Operational Approval application is submitted which identifies the SHA departments required to support the research. All research involving SHA resources/facilities (including patient or other SHA data) requires SHA operational approval.	HIPAA s. 29	\$7.10 per chart pull (fee for 1 st 200 charts is waived). Off-site retrieval charges apply.
Visit Dates	Individual	<ul style="list-style-type: none"> See Section 7.5 <i>Telephone Requests</i> in the Disclosing PHI section of this procedure for verbal confirmation of dates. Individuals must complete the Request for Access to Personal Health Information form and the completed form is filed on the individual's chart. If consent is obtained verbally, it must be documented on the individual's chart. 		No

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Wavefile Recording	N/A	<ul style="list-style-type: none">• Forward requests to Systems Flow Coordination Center (SFCC)		N/A