Saskatchewan Health Authority

CLEAR FORM

Patient Label

NAME: _____

HSN: _____

DOB: _____

REQUEST FOR AMENDMENT TO PERSONAL HEALTH INFORMATION

Pursuant to *The Health Information Protection Act* (HIPA) (Section 40), an individual or their legally authorized representative who believes information in the individual's health record is incomplete or incorrect may request an amendment to the record. Once complete, please return this form to the nearest facility's Health Information Services Department or the department/facility that holds the health record. As per HIPA, the Saskatchewan Health Authority will provide a response within 30 days.

Whose information is being requested to amend? (Initial one)

❑ My own personal health information ❑ Another person's health information

Patient/Client/Resident Information

First and Last Name (as it appears on health card): _____

Health Services Number: _____ Date of Birth (mm/dd/yy): _____

Mailing Address: _____

City/Town: _____ Province: _____ Postal Code: _____ Telephone: _____

Details of the Request: Please describe, in as much detail as possible, the information you are requesting be amended.

_____

_____

_____

Please be aware that should the SHA agree to make an amendment following your request, the amendment will not remove the original information from the record, but the amendment will become part of the record. This form will be filed as notice that the request for amendment was made, but not accepted. You will be advised in writing of the decision within 30 calendar days, once the form is received by the SHA.

_____ _____

Signature of Patient/Client/Resident or Authorized Representative Date

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FOR ADMINISTRATIVE USE ONLY

Date amendment request received by the SHA: _____

Status of Request: (Initial one)

❑ Accepted: Date of amendment (if applicable): _____

❑ Accepted, in part: Please explain the reason why the information was only partially amended

_____

_____

❑ Denied: Indicate reason below for denial.

- ❑ Information not created by this organization
- ❑ Information is accurate and complete
- ❑ Information is not part of the patient's health record
- ❑ Applicant cannot legally act on behalf of the individual
- ❑ Other _____

Name of Healthcare Provider (Printed): _____ Role: _____

Comments of Healthcare Provider: _____

_____

_____

_____

Signature of Healthcare Provider: _____ Date of Review: _____

Saskatchewan Health Authority

REQUEST FOR AMENDMENT TO PERSONAL HEALTH INFORMATION GUIDELINES FOR COMPLETION

Please be aware that should SHA agree to make an amendment following your request, the amendment will not remove the original information from the record, but the amendment will become part of the record. This form will be filed in your record. If your requested amendment is not made in the record, this form will be filed as notice that the request for amendment was made, but not accepted. You will be advised in writing of the decision within 30 calendar days, once the form is received by SHA.

Whose Information is being requested to amend?
You can make a request for amendment of behalf of yourself or on behalf of someone else, if you have the authority to do so.

- Check the box that applies

If you are requesting information on behalf of yourself:

- Enter your first and last name (as it appears on the Health Card).
- Enter your Health Services Number and date of birth.
- Enter your complete mailing address (including city/town, province, and postal Code) and the telephone number at which you may be contacted during business hours.
- Enter the date of entry to be amended and the facility that it applies to.
- In the "Details of the Request" area, describe, in as much detail as possible, the information you are requesting to be amended.
- ***Sign and date your request.***

Authorized Representative:

When you make a request for amendment on behalf of someone else, you will need to provide proof of your identity.

If you are a Legal Guardian or Medical Decision Maker, you will be asked to provide evidence of your authority to exercise that power (example: guardianship order, proxy, medical decision-making documentation, excerpts from a will naming you as executor and the date and signature of the will).

- Enter first and last name of the person you are requesting the amendment for (as it appears on the Health Card).
- Enter their Health Services Number and date of birth.
- Enter their complete mailing address (including city/town, province, and postal Code
- Enter the date of entry to be amended and the facility that it applies to.
- In the Authorized Representative area:
    - Enter your first and last name
    - Enter your mailing address, city/town, province, postal code
    - Enter the telephone number at which you may be contacted during business hours.
- In the "Details of the Request" area, describe, in as much detail as possible, the information you are requesting to be amended.
- ***Sign and date your request.***

Submission of Request:

Submit your request in-person, by mail or by fax to the facility you are making the request to. In order to assist you, an Acute Care Facilities contact list can be found adjacent to this form online. Please contact the location where you received health services. If your request involves more than one location, the location at which you have submitted your request, will coordinate with other sites you have indicated.

Acute Care Facilities contact list