



eHealth Privacy Service

Request for Temporary Access to Child's MySaskHealthRecord in Response to COVID-19

*Note: eHealth recognizes the hardship the COVID-19 pandemic has caused the people of Saskatchewan who are legally responsible for the care and custody of children. eHealth has therefore agreed to provide temporary access to their child's MySaskHealthRecord during the COVID-19 pandemic. Access will **terminate on DECEMBER 31, 2020 or earlier**. If you wish to access the child's MySaskHealthRecord after December 31, 2020, you will have to reapply and qualify under eHealth's then current application procedure.*

I, the undersigned, understand that MySaskHealthRecord is a secure website that enables Saskatchewan citizens to quickly and easily access their personal health information. A person who is legally responsible for the care and custody of a child under 12 years old in the 2020 calendar year may request access to the child's MySaskHealthRecord.

eHealth must be able to verify that I am legally responsible for the care and custody of the child prior to granting access to the child's personal health information. Unless otherwise ordered by the court, if the parents of a child have never cohabited after the birth of the child, or if the parents of a child have entered into an agreement related to custody of the child, then pursuant to *The Children's Law Act, 1997*, the parents of a child are presumed to be joint legal custodians of the child with equal rights, powers and duties. If I am not the parent of the child or the child is the subject of a custody arrangement, I may be required to submit additional documentation to show that I am authorized to request access to the child's personal health information.

Personal health information on this form is collected under the authority of *The Health Information Protection Act* (HIPA). This information will only be used by eHealth to ensure accuracy, confirm identity, and authenticate this request. Personal health information is protected from unauthorized use and disclosure in accordance with HIPA, and may only be collected, used and disclosed as provided by HIPA.

Section 1: Information about the child			
Printed Full Name		Health Services Number	
Date of Birth (yyyy-mon-dd)			
Address	City/Town	Province	Postal Code
Section 2: Information about the applicant parent/person legally responsible for the care and custody of the child			
Printed Full Name		Relationship to Child	
Health Services Number		Date of Birth (yyyy-mon-dd)	
Email Address		Phone Number (During Business Hours)	
Address	City/Town	Province	Postal Code
Section 3: Information related to proof of parentage/guardianship and declaration			
<p>The definition of a person who is legally responsible for the care and custody of the minor may not extend to the biological parents of a child in all circumstances. A court order or agreement between the biological parents can give custody to only one of the biological parents. A child could also have other guardians who are not biological parents such as a child's grandparent or other relative or other individual who has been granted a guardianship order by the Court. eHealth therefore must take reasonable steps to ensure the applicant is the legal guardian of the child and one of those steps is to request legal documentation related to the legal custody of the child in question.</p>			



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You are required to submit proof of parentage/guardianship.
For example, long form birth certificate, adoption order, or guardianship order.

Are there any separation agreements, court orders or legal proceedings pertaining to custody of, mobility of, or access to the child?	Yes No	If yes , please include documentation as evidence <u>or</u> have the other parent/guardian complete Section 4 below
Is the child currently the subject of an adoption process or partially or fully in the care of a provincial family services organization in Saskatchewan?	Yes No	If yes , please include documentation as evidence

I declare the information in this application is true and complete to the best of my knowledge. By typing your full name in this space, you confirm it acts as your electronic signature and will be treated as an intention to be bound no different than if you signed with pen and ink.

Note: It would be an offence under *The Health Information Protection Act* to obtain another person's personal health information by falsely representing that you are entitled to the information. You could be liable on summary conviction to a fine of not more than \$50,000, to imprisonment for not more than one year or to both.

Signature of Applicant Parent/Legal Guardian of Child

Date Signed

OPTIONAL Section 4: Information about the other parent/other person legally responsible for the care and custody of the child

Printed Full Name

Relationship to Child

Health Services Number

Date of Birth (yyyy-mon-dd)

Email Address

Phone Number (*During Business Hours*)

Address

City/Town

Province

Postal Code

I have a MySaskHealthRecord account and would like access to my child's MySaskHealthRecord

I declare the information in this application is true and complete to the best of my knowledge. By typing your full name in this space, you confirm it acts as your electronic signature and will be treated as an intention to be bound no different than if you signed with pen and ink.

Note: It would be an offence under *The Health Information Protection Act* to obtain another person's personal health information by falsely representing that you are entitled to the information. You could be liable on summary conviction to a fine of not more than \$50,000, to imprisonment for not more than one year or to both.

Signature of Other Parent/Legal Guardian of Child

Date Signed

Please submit this completed form, proof of parentage/guardianship, and any other documents to:

Email: privacyandaccess@eHealthsask.ca

Mail: eHealth Privacy Service
2130 11th Avenue
Regina, SK S4P 0J5