

I, the undersigned, understand that MySaskHealthRecord is a secure website enabling Saskatchewan citizens to quickly and easily access their personal health information, including access to the COVID-19 Proof of Vaccination Certificate, and where I am age 14 or older and unable to register for MySaskHealthRecord, a copy of this certificate will be made available to me upon request.

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 applicant			
Printed Full Name		Health Services Number	
Date of Birth (yyyy-mon-dd)		Phone Number (During Business Hours)	
Address	City/Town	Province	Postal Code
Section 2: Select how you would like your proof of vaccination sent to you			
<input type="checkbox"/> Mail	Address (if different from above):		

<input type="checkbox"/> Email*	_____		

<small>* Email transmissions cannot be guaranteed to be secure or error free as emails can be intercepted, corrupted, destroyed, arrive late or incomplete, or contain viruses.</small>			
Section 3: Declaration and Signature			
<p>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.</p> <p>Note: It would be an offence under <i>The Health Information Protection Act</i> 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.</p>			
Signature of Applicant		Date Signed	

Please submit this completed form to:

Email: privacyandaccess@eHealthsask.ca

Fax: (306) 798-0897

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