

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 a person who is legally responsible for the care and custody of a child under the age of 14 and is unable to register for MySaskHealthRecord, may request access to the child's COVID-19 Proof of Vaccination Certificate.

eHealth must verify I am legally responsible for the care and custody of the child prior to granting access to personal health information. Unless otherwise ordered by a 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, 2020*, 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 if 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)	
Phone Number (During Business Hours)			
Address	City/Town	Province	Postal Code
Section 3: Select how you would like the child's proof of vaccination sent to you			
<input type="checkbox"/> Mail	Address (if different from above):		

<input type="checkbox"/> Email*	_____		
	* E-mail transmissions cannot be guaranteed to be secure or error free as emails can be intercepted, corrupted, destroyed, arrive late or incomplete, or contain viruses.		

Section 4: 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> <p>You are required to submit proof of parentage/guardianship. For example, long-form birth certificate, adoption order, or guardianship order.</p>		
<p>Are there any separation agreements, court orders or legal proceedings pertaining to custody of, mobility of, or access to the child?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please include documentation as evidence</p>
<p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please include documentation as evidence</p>
<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>		
<p>_____ Signature of Applicant Parent/Legal Guardian of Child</p>		<p>_____ Date Signed</p>

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

Email: privacyandaccess@eHealthsask.ca

Fax: (306) 798-0897

Mail: eHealth Privacy Service
 Suite 101 - 1901 Scarth Street
 Regina, SK S4P 2H1