eHealth Privacy Service

Request for Audit Reports for PIP, PACS and eHR Viewer

I, the undersigned, understand that (an) audit report(s) may be provided to me upon request which detail if/when my personal health information was accessed and by whom for the Pharmaceutical Information Program (PIP), Picture Archiving and Communication System (PACS) and/or eHR Viewer.

I request that an audit report be completed which details all access history for my:

- ☐ PIP profile during the preceding ___months
- ☐ PACS profile during the preceding ___months
- ☐ eHR Viewer profile during the preceding ___months

Personal health information on this form is collected under the authority of *The Health Information Protection Act* (HIPA). This information will only be used to ensure accuracy, and to generate (an) audit report(s). Specifically, the Health Services Number will be used to confirm identity, and authenticate this request in order to protect confidentiality. Personal health information is protected from unauthorized use and disclosure in accordance with HIPA, and may only be collected, used and disclosed as provided in HIPA.

Please fill out the section below:

Printed Name of Applicant

Health Services Number of Applicant

Date of Birth of Applicant *(yyyy-Mon-dd)*

Phone Number *(During business hours)*

Address of Applicant

Province

Postal Code

Specify how you would like your information sent to you (if files are very large they will be sent by mail):

☐ Mail: Address (*if different from above*):

☐ 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*

Signature of Applicant

Date Signed by Applicant *(yyyy-Mon-dd)*

If you are signing as an Agent for the Applicant, please include evidence of your authority to act as Agent.

Printed Name of Agent	Phone Number *(During business hours)*
Signature of Agent	Date Signed by Agent *(yyyy-Mon-dd)*

Please submit both pages of this completed form to:

Mail: eHealth Privacy Service
Suite 101 - 1901 Scarth Street
Regina, SK
S4P 4L4

Email: privacyandaccess@eHealthSask.ca

Please note that original copies and legible fax copies or document scans will be accepted.

More information about privacy and eHealth programs can be found at: www.eHealthSask.ca