

Request to Remove the Mask from PIP and eHR Viewer

I, the undersigned, having previously masked my personal health information in the Pharmaceutical Information Program (PIP) and/or the eHR Viewer, request that eHealth Privacy Service remove the mask(s) on my profile(s) in the application(s) I have selected below.

I request that the mask on my profile be removed in the:

- Pharmaceutical Information Program (PIP) and or
- eHR Viewer,

making all of my information and/or reports currently contained in this/these application(s) accessible by authorized users.

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 remove masking from your specified patient profile(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 complete the section below with your information:			
Printed Full Name of Applicant	Date of Birth (yyyy-mon-dd)		
Health Services Number	Phone Number (<i>During Business Hours</i>)		
Address	City/Town	Province	Postal Code
Specify how you would like your information sent to you (if files are very large they will be sent by mail):			
<input type="checkbox"/> Mail:	Address (<i>if different from above</i>):		

<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.			
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 <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.			
_____		_____	
Signature of applicant (whose information is being requested)		Date Signed	

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 (<i>During business hours</i>)
_____	_____
Signature of Agent	Date Signed by Agent (<i>yyyy-Mon-dd</i>)

Please submit both pages of this completed form to:

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

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