

Health Information Access Request

Patients and authorized representatives have two options when making a health information access request. Carefully and thoroughly review all information on page 1 before choosing an option.

Submit your request by mail, fax or in person to Health Information Management at a location where you received health services. Mailing addresses for all locations can be found on our Covenant Health website: <https://covenanthealth.ca/locations>

You may also send your request directly to the Access and Disclosure team located at the Grey Nuns Community Hospital, Attn: Health Records, 1100 Youville Drive W Northwest, Edmonton, AB, T6L 5X8, Fax: 780-735-7633

- All submissions require a clear copy of valid identification (ID). Provide one of the following:
 - One (1) piece of photo ID (eg. driver's licence, passport, identification card). **OR,**
 - Two (2) pieces of ID without a photo (eg. health care card, birth certificate, marriage certificate)
- Copies of ID will be destroyed in a confidential secure manner when request is processed.
- A basic fee of \$25.00 is applied to most requests. (If copies of information are being provided, this fee includes up to 100 pages.)
- Depending on record format (eg. paper, electronic, or microfilm), additional costs may apply in accordance with the Health Information Regulation Fee Schedule.
- If you need help **submitting a request for information**, you may contact Health Information Management at your local hospital or health care centre where you received treatment. Or, you may contact the Covenant Health Access and Disclosure team by email at COVHIMAccessDisclosure@covenanthealth.ca
- Requests for copies of **radiographic images** are completed by Diagnostic Imaging. If you need help requesting copies of radiographic images please contact the health service location that administered the imaging test directly.

Option 1 - Informal Access Request	Option 2 - Formal Access Request
<ul style="list-style-type: none"> ■ There are less administrative constraints with an informal process. ■ Custodians are permitted up to 30 days to respond to your request. ■ If your access request cannot be completed within 30 days, an extension is not required by the Office of the Information and Privacy Commissioner (OIPC). ■ Requested under section 17 of the Health Information Act (HIA). ■ Fee estimates are provided by request only. ■ An invoice will be sent to you along with a copy of the health information you requested. ■ Informal requests are not considered for a review by the OIPC. 	<p>NOTE: No steps in this process can be waived once a request has been submitted.</p> <ul style="list-style-type: none"> ■ Custodians are permitted up to 30 days to respond to your request. ■ Requested under section 8(1) of the Health Information Act (HIA), and acknowledged upon receipt. ■ All requests will be charged a minimum fee of \$25. If your request requires processing fees over \$50, you will receive a further estimate. Any amounts provided in the fee estimate must be agreed upon by you prior to the request being processed. ■ Request processing time stops once the fee estimate has been issued and re-commences immediately upon an agreement to pay the fee. ■ From the date of the fee estimate notification, you have a maximum of 20 days to: <ul style="list-style-type: none"> • accept the fee estimate; or • contact us to modify the request to change the amount of fees assessed. ■ If no action is taken after 30 days you will be notified in writing that your request has been abandoned, at which time you may ask the Office of the Information and Privacy Commissioner (OIPC) for a review of our decision. ■ If your access request cannot be completed within 30 days, a time extension in accordance with HIA section 15 may be granted for an additional period of up to 30 days. ■ You may ask for a review of our response by the OIPC. For more information, please visit: Investigation Procedures for Reviews/Privacy Complaints – Office of the Information and Privacy Commissioner of Alberta (oipc.ab.ca)

Proceed to next page to confirm your option choice, and complete your request

Office Use	Patient HRN
	Date Received (dd-Mon-yyyy)

Confirmation of Option Selected

I have read the information on page 1, and confirm the following:

- I would like to make an **informal request**.
- I would like to make a **formal request**.

Who is requesting this information?

- I am the patient —————> Complete page 2
- I am not the patient —————> Complete pages 2 and 3

Patient Information

Last Name	First Name
Date of Birth (dd-Mon-yyyy)	Personal Health Number

Requester Information

Last Name	<input type="checkbox"/> Same as above	First Name	<input type="checkbox"/> Same as above
Mailing Address	City/Town	Province	Postal Code
Email	Phone	Signature	Date (dd-Mon-yyyy)

Where is the information that you want?

List the site(s), treatment dates and clinic/program name(s) for all the health information you are requesting.
(If you need more room, please attach a separate sheet)

What Information are you looking for? (check all that apply)

- Discharge Summary
- Emergency Room Records
- Operative/Procedure Reports
- Laboratory Test Results (specify: eg. blood test, ECG) _____
- Diagnostic Imaging Results (specify: eg. MRI or x-ray report, radiographic images) _____
- Other (specify: eg. medication lists) _____

How will this information be sent to me?

Health information will be sent to the requester using electronic delivery methods (eg. MyAHS Connect portal, secure file transfer, encrypted email) whenever possible.

If an electronic option is not feasible at the time of delivery, the information will be sent to the mailing address provided above.

If you would like to receive the information by another method, specify below:

The collection of your health information on this form (including the supporting documentation and Personal Health Number) is legally authorized by sections 20(b), 21(a) of the Health Information Act (Alberta). Your information will only be used and disclosed as necessary for responding to your request. If you have any questions about the collection of your personal information as provided on this form, please contact the Covenant Health Information and Privacy office at 1-866-254-8181.

Complete this page only when you are requesting someone else's health information.

Why do you need this information? (If requesting health information about a deceased individual, specify your relationship to the deceased and explain why the information is needed.)

What is your authority, under Section 104 of the Health Information Act, to access the health information?

Check the appropriate box and provide a copy of the supporting documents that confirm your authority to act on behalf of the patient.

- Parent or legally appointed guardian** of an individual under the age of 18 years AND the individual is not a mature minor.
 - Guardian or trustee** appointed under the *Adult Guardianship and Trusteeship Act*, AND requested information relates to powers and duties of guardian or trustee.
 - Agent** under the *Personal Directives Act* AND directive has been enacted AND requested information is relevant to a decision the agent is authorized to make.
 - Power of attorney** has been granted by the individual AND requested information relates to powers and duties of attorney.
 - Written authorization** from the individual to make a request for health information on his/her behalf.
 - Nearest relative** (please confirm the type of request):
 - under the *Mental Health Act* **AND** requested information is needed to carry out my obligations as the nearest relative.
 - of a deceased individual as listed in accordance with the *Personal Directives Act* AND requested information is needed to support the completion of an insurance claim.
- Complete the following statement to specify your relationship:**
I am the _____ (insert relationship) and confirm that to the best of my knowledge, I am the nearest relative ranked in the order of authority as indicated in the applicable legislation.
- Deceased individuals:**
 - Personal representative** of a deceased individual AND requested information is needed to carry out duties related to administration of the individual's estate as outlined in the *Estate Administration Act*.
 - Requesting health information about a deceased individual **and my authority is not clearly listed above.**