Clear Form

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). Please provide one of the following:
  - One (1) piece of photo ID *(e.g. driver's license, passport, identification card).* **OR,**
  - Two (2) pieces of ID without a photo *(e.g. 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. Payment is not required in advance as you will be invoiced *(If copies of information are being provided, this fee includes up to 100 pages.).*
- Depending on the record format *(e.g. 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.

Option 1 – Informal Access Request	Option 2 – Formal Access Request
▪ 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). ▪ Fee estimates are provided by request only. ▪ Information requests are not considered for review by the OIPC.	***NOTE: No steps in this process can be waived once a request has been submitted.*** ▪ Custodians are permitted up to 30 days to respond to your request ▪ All requests will be charged a minimum fee of $25.00. If your request requires processing fees over $50.00, 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: • accept the fee estimate; or • contact us to modify the request to change the amount of fee 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 ⟶

Covenant Health
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Health Information Access Request

Office Use	Patient pMRN
	Date Received *(dd-mmm-yyyy)*

■ Refer to page 1 before completing the form.

Select an option

○ 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-mmm-yyyy)*	Personal Health Number/ULI

Requester Information

Last Name ☐ Same as above	First Name ☐ Same as above		
Mailing Address	City/Town	Province	Postal Code
Email	Phone	Signature	Date *(dd-mmm-yyyy)*

You must choose one option

○ Option 1: **Informal** Access Request ○ Option 2: **Formal** Access Request

Note: *Requests made under section 35(1) of the Health Information Act will automatically be processed as informal, even if you select the formal option. This applies to requests for another individual's health information without their consent, where disclosure is authorized under the Act.*

Specify the information you require

Name the hospital(s) or site(s):

Date(s) or date range of health information requested:

Select the health information that you require:

- ☐ Discharge Summary
- ☐ Emergency Department Records
- ☐ Operative/Procedure Reports
- ☐ Diagnostic Imaging Reports
- ☐ Confirmation of Stay (Listing of Visits)
- ☐ Laboratory Reports
- ☐ Pathology Reports
- ☐ Consultation Reports

Note: *Radiographic **images** must be requested through the diagnostic imaging department at the location where the test was performed. If you require information from a walk-in clinic, medi-centre or family physician, please contact those facilities directly, as Covenant Health does not have access to those records. To request copies of your immunizations, you can access the information directly in MyChart or contact your local Public Health Centre.*

Specify if you require additional health information that is **not** listed above:

Select a delivery option

- ○ **Electronic delivery** – *Fastest and most secure method.*
- ○ **Mail** – *Information will be sent to the mailing address provided above.*
- ○ **Other** – *Specify:* _____

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 (1)(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.

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Health Information Access Request

Office Use	Patient pMRN
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■ Complete this page if you are someone other than the individual the health information is about.

Specify the reason that you require the information

Select an option if you are not the patient but are authorized to make the request

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 their behalf.
☐ **Nearest relative** under the *Mental Health Act* AND requested information is needed to carry out my obligations as the nearest relative. I confirm I am the _____ *(insert relationship)* and to the best of my knowledge, I am the nearest relative ranked in the order of authority, as defined under the *Mental Health Act.*

Deceased records requests ***(specify your relationship and select ONE option):***
Relationship: _____
◯ **Deceased individuals nearest relative** as defined in the *Personal Directives Act* AND requested information is needed for the purpose of processing an insurance claim. By marking this box, I confirm to the best of my knowledge, I am the nearest relative ranked in the order of authority, as defined under the *Personal Directives Act.*
◯ **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.**

How to submit your request

1. **Submit a copy of the form** *(You do not need to include page 1)*
2. **Identification**
   - All submissions require a clear copy of valid identification (ID). Provide one of the following:
     - One (1) piece of photo ID *(e.g. driver's license, passport, identification card).* **OR,**
     - Two (2) pieces of ID without a photo *(e.g. health care card, birth certificate, marriage certificate).*
3. **Supporting Documentation** *(if applicable)*
   - E.g., Guardianship Order, Parenting Order, Power of Attorney, Personal Directive, Letter of Administration, etc.

Contact Information:
Email: COVHIMAccessDisclosure@covenanthealth.ca **Fax:** 780-735-7633
Mail: 1100 Youville Drive W Northwest
Edmonton, AB T6L 5X8
Attn: Health Records – Grey Nuns Community Hospital