

Record of User Activity Request Form

Complete this form to request a record of user activity from the Saint Mary's Student Health Clinic.

1. IDENTIFICATION OF INDIVIDUAL (please print clearly)

Last Name

First Name

Middle initial

Previous surname (if applicable)

Date of birth (YY/MM/DD)

Provincial Health Card Number

Mailing address

Daytime telephone number

2. DETAILS OF THE REQUEST

(a) Please indicate which records or portion of records you are seeking user activity for:

The complete health records chart

Medical history only

The following specific records: _____

(b) Please indicate the time period for which you would like a record of user activity. If we do not have records going back to the date you have requested, we will provide a history from the earliest date available.

All records from the time period _____ to _____
(yyyy/mm/dd) (yyyy/mm/dd)

3. TERMS OF ACCESS

I wish to access the records as follows:

- have records delivered to me by regular mail
- have records delivered to me by courier
- pick up records in person
- authorize the release to another individual

- I authorize the release of information to the following person(s):**

Name of person/organization to receive the information

Address

Telephone Number

Fax Number

4. SIGNATURE

Relationship to the individual (please check one)

- Self
- Substitute Decision Maker
- Other _____

The Saint Mary's Student Health Clinic is required to verify an individual's authority to access information before releasing personal health information. **A clear photocopy of one piece of government issued personal identification will be required for fax/mail requests** (ensure photocopy shows your photograph and your signature).

I consent to the Saint Mary's Student Health Clinic reviewing my personal health information in order to provide a record of user activity to me as required on this form. I understand that there may be an additional fee associated with the delivery by regular mail or courier. The Saint Mary's Student Health Clinic may provide an estimate of any fees to me prior to release of my record of user activity, and fees may be payable to me in advance of any access.

Signature

Date



Please deliver or mail your form to:

Student Health Services
Saint Mary's University
923 Robie Street
Halifax, NS, B3H 3C3

Phone: 902-420-5611

Fax: 902-496-8222

Office use only:

Date Request Received: _____

Date Record Provided: _____

The personal health information requested in this form is collected pursuant to s. 75 of the Personal Health Information Act for the purposes of processing your request for access to your information.