

RECORD OF USER ACTIVITY REQUEST FORM

Under the *Health Information Privacy and Management Act (HIPMA)* (s.24 (3)), individuals have the right to obtain to a record of user activity, which is a record of all authorized users who have looked an individual's personal health information (PHI) stored in Health and Social Services (HSS) computer systems. In order to best assist you in your request, please provide as much of the following information as possible.

SECTION 1: IDENTITY OF THE INDIVIDUAL WHOSE RECORD OF USER ACTIVITY IS BEING REQUESTED		
First Name	Last Name	
Date of Birth (YYYY/MM/DD)		
Address	City/Town	Postal Code
Phone Number	Email Address	
If you are acting on behalf of another individual as their substitute decision-maker, please complete Section 2. If you are requesting your own personal health information, go to Section 3.		

SECTION 2: SUBSTITUTE DECISION-MAKER INFORMATION		
First Name	Last Name	
Address	City/Town	Postal Code
Phone Number	Email Address	
<input type="checkbox"/> I am the substitute decision-maker and authorized to make decisions on the individual's behalf. Please provide a copy of your statutory declaration form.		

SECTION 3: INFORMATION BEING REQUESTED
Indicate the HSS system(s) you would like a record of user activity for:
<input type="checkbox"/> Panorama (immunization records) <input type="checkbox"/> Drug Information System (prescriptions) <input type="checkbox"/> Chronic Disease Management Toolkit (CDM) <input type="checkbox"/> Lab Information System (lab tests) <input type="checkbox"/> Client Registry (e.g. name, address, phone number) <input type="checkbox"/> Other _____
<input type="checkbox"/> Record should show access for the past: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> Record should show access between the dates of _____ and _____
<i>Please note: Different electronic systems retain information for different lengths of time, depending on the system capability and information retention practices.</i>

SECTION 4: RECORD DELIVERY METHOD

Choose one:

- I will pick up the Records in person
- Please mail the Records to me at the following address:

Address

City/Town

Postal Code

SECTION 5: AUTHORIZATION

All of the information provided in this form is accurate to the best of my knowledge, and I understand that I may be required to provide documentation confirming my authority to access this Record if I am not the individual the information is about.

X

Signature of Authorized Individual

Date (YYYY/MM/DD)

SECTION 6: OFFICE USE ONLY

Date Request Received:

Received by:

Requestor Identity Verified by:

- Photo ID
- Other method _____

Date Records Provided:

Provided by:

Identity Verified for pickup by:

- Photo ID
- Other method _____
- Record was mailed

If you have questions about this form, please use the contact information below to receive assistance. Once this form is completed, please submit it by mail using the address below.

Contact Information

Phone (867)456-3953

1-800-661-0408 ext. 3953 (toll-free in Yukon)

Email healthprivacy@gov.yk.ca**Mailing Address**

Attn: Privacy Officer

Health and Social Services (H-1)

Box 2703

Whitehorse, Yukon Y1A 2C6

HOW TO COMPLETE THE HSS RECORD OF USER ACTIVITY REQUEST FORM

Under the *Health information Privacy and Management Act (HIPMA)*, individuals have the right to obtain a Record of User Activity. A Record of User Activity is a record of who has been accessing the individual's personal health information on any given system at any given time.

If you need help completing this form, contact Health and Social Services Privacy Officer at the contact information listed below.

Section 1: Identity of the Individual whose Record of User Activity is being Requested

Enter your last name and first name, complete mailing address and the daytime and evening telephone numbers of the person making the request. If you have an email address where correspondence can be sent, enter it in the space provided (note that no personal or personal health information will be sent via email). We may contact you if we require more information to complete your request. If you are requesting a record for your own information, continue to Section 3. Only complete Section 2 if you are requesting a record on behalf of someone else.

Section 2: Substitute Decision-Maker Information

If you are making a request for a record of user activity for your own personal /personal health information do not complete this section. If you are requesting records on behalf of another individual, you must complete Section 2. You must have the proper authority to do so. You will be asked to provide a signed statutory declaration (a statement made under oath).

Section 3: Information being Requested

Indicate which system you would like your records for and select a specific time frame for the record (if possible). Speak with a program staff member or the Privacy Officer for more information.

Section 4: Record Delivery Method

Check the box indicating how you would like to receive your records. At this time, the Health and Social Services only provides records containing personal information or personal health information in person or through registered mail.

Section 5: Authorization

Sign and date the form, indicating that you have given true and accurate information. If you are requesting the records for another individual you will be asked to complete a statutory declaration form or provide a copy of a previously completed statutory declaration.

Contact

Health and Social Services Privacy Officer
Phone: (867) 456-3953
Toll-free in Yukon: 1-800-661-0408 (ext. 3953)
Email: healthprivacy@gov.yk.ca