eHealth Privacy Service

Request to Remove the Mask from PIP, PACS and eHR Viewer

I, the undersigned, having previously masked my personal health information in the Pharmaceutical Information Program (PIP), Picture Archiving and Communication System (PACS) 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)
- ☐ Picture Archiving and Communication System (PACS) and or
- ☐ eHR Viewer,

making all of my information, images 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 fill out the section below:

Printed Name of Applicant

Health Services Number of Applicant

Date of Birth of Applicant *(yyyy-Mon-dd)*

Phone Number *(During business hours)*

Address of Applicant

Province

Postal Code

Specify how you would like us to correspond with you:

- ☐ Mail: Address (*if different from above*):
- ☐ Fax:
- ☐ 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*

Signature of Applicant

Date Signed by Applicant *(yyyy-Mon-dd)*

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 *(During business hours)*
Signature of Agent	Date Signed by Agent *(yyyy-Mon-dd)*

Please submit both pages of this completed form to:

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

Fax: 306-798-0897

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