

SAMPLE

Record of User Activity Request Form

Disclaimer for Custodians: This is a sample form only. It may not be suitable for your circumstances and should not be relied on as legal advice.

Under the *Health Information Privacy and Management Act (HIPMA)* (ss.24 (3)), individuals have the right to obtain a record of user activity, which is a record of all authorized users who have looked an individual's personal health information stored in _____ (*name of Custodian*) 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

LAST NAME	FIRST NAME
YUKON HEALTH CARE INSURANCE PLAN (HEALTH CARD) NUMBER OR DATE OF BIRTH	
MAILING ADDRESS	CITY/TOWN
TERRITORY/PROVINCE	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

LAST NAME	FIRST NAME
MAILING ADDRESS	CITY/TOWN
TERRITORY/PROVINCE	POSTAL CODE
PHONE NUMBER	EMAIL ADDRESS

- I am the substitute decision-maker and authorized to make decisions on the individual's behalf.
Custodians who require a substitute decision maker to complete a statutory declaration should indicate this requirement here.

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Section 3: Information Being Requested

Custodians should list the systems they have that store PHI and can generate a record of user activity. A general description of the personal health information stored in each system should also be included.

Indicate the system(s) you would like records for:

This section should be modified by each program/Custodian to be consistent with the systems being used.

- Record should show access for the past: 1 year 2 Years 3 Years
- Record should show access between the dates of _____ and _____.

Section 4: Record Delivery Method

Choose one:

- I will pick up the Records in person
- I wish for the Records to be mailed to me at the following address:

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.

SIGNATURE

DATE (YYYY-MM-DD)

Section 6: Office Use Only

DATE REQUEST RECEIVED (YYYY-MM-DD)

RECEIVED BY

REQUESTOR IDENTITY VERIFIED BY: PHOTO ID OTHER METHOD _____

DATE RECORDS PROVIDED (YYYY-MM-DD)

PROVIDED BY

IDENTITY VERIFIED FOR PICK UP BY: PHOTO ID OTHER METHOD _____ RECORD WAS MAILED