



RECORD OF USER ACTIVITY REQUEST

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. Provide as much information as you can to help us find the records.

If you need help completing this form, contact a Health and Social Services privacy officer at
Phone: 867-667-5919 • Toll-free (in Yukon): 1-800-661-0408, ext. 5919
Email: healthaccess@yukon.ca

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
Email		Phone	
Substitute decision-maker information (if applicable)			
If you are acting on behalf of another individual as their substitute decision-maker, complete this section. If you are requesting your own personal health information, skip to the next section.			
First name		Last name	
Address		City/town	Postal code
Email		Phone	
<input type="checkbox"/> I am the substitute decision-maker and authorized to make decisions on the individual's behalf. A copy of my statutory declaration form is attached.			
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 _____	
The record should show access for:			
<input type="checkbox"/> The last year <input type="checkbox"/> The last 2 years <input type="checkbox"/> The last 3 years			
<input type="checkbox"/> Between the dates of YYYY/MM/DD and YYYY/MM/DD			
Note: Different systems retain information for different lengths of time, depending on the system capability and information retention practices.			

Delivery method

Choose how you want to receive the records.

☐ I will pick up the records in person

☐ Email the records to me at the following email:

Email

☐ Mail the records to me at the following address:

Address

City/town

Postal code

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.

YYYY/MM/DD

Signature of authorized individual

Date

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

Submit completed form by mail to

Attn: HSS ATI Office
Health and Social Services (H-27)
Box 2703, Whitehorse, Yukon Y1A 2C6

or drop off in person at

ATI Office
Suite 300 - 204 Lambert Street
Whitehorse, Yukon