

RECORD OF USER ACTIVITY REQUEST FORM

Please complete this form to request a record of user activity* from Dalhousie Student Health & Wellness.

1. IDENTIFICATION OF INDIVIDUAL (please print clearly)

Last Name	First Name	Middle initial
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Previous surname (if applicable)	Date of birth (YY/MM/DD)
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Provincial Health Card Number or Private Insurance Identifier

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:

- Counselling history only
- Medical history only
- Complete health records chart
- 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:

- have the records delivered to me by regular mail at the address above
- have the records delivered to me by courier
- pick the records up in person

*A record of user activity is "a report produced at the request of an individual for a list of users who accessed the individual's personal health information on an electronic information system for a time period specified by the individual." Nova Scotia's PHIA, s. 11(1)



- 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 _____

Dalhousie Student Health & Wellness 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 Dalhousie Student Health & Wellness reviewing my personal health information in order to provide a record of user activity to me as requested on this form. I understand that there may be an additional fee associated with delivery by regular mail or courier. Dalhousie Student Health & Wellness may provide an estimate of any fees to me prior to release of my record of user activity, and fees may be payable by me in advance of any access.

Signature

Date

Please deliver or mail your form to:

Dalhousie Student Health & Wellness
1246 LeMarchant St, 2nd floor
Halifax, Nova Scotia B3H 4R2
Phone: 902-494-2171
Fax: 902-494-6872

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.