

## **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). Please be aware that not all systems are able to produce records of user activity due to technical limitations. 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](mailto:healthprivacy@gov.yk.ca)