



Office of the
Saskatchewan Information
and Privacy Commissioner

Instruction Sheet: Request for Review Form ***The Health Information Protection Act***

Please complete this form¹ if you wish to have a trustee's² access or correction decision reviewed based on one or more of the reviewable grounds (see page 6 of this form) listed below by the Office of the Saskatchewan Information and Privacy Commissioner (IPC). [*The Health Information Protection Act*](#) (HIPA) applies when three elements are present: 1) there is personal health information; 2) a trustee is involved; and 3) the personal health information is in the custody or control of the trustee. The IPC will assess this along with the other details and documentation provided to determine if a review can proceed.

Please note that the IPC is an office of last resort. As such, follow the process outlined in the link for the steps in how to get access to information prior to requesting a review by our office: <https://oipc.sk.ca/how-do-i-get-access-to-information/>. For more information on correction requests, please refer to the blog, [*Correction Request – What you Need to Know*](#).

If you are not satisfied with the decision of the trustee, or the time period for the trustee to respond to the request has expired³, you can then request a review by the IPC by completing the following form. You can email or mail the completed form to intake's attention as follows:

Office of the Saskatchewan Information and Privacy Commissioner

Attention: Intake

503 – 1801 Hamilton Street, Regina SK S4P 4B4

Email: intake@oipc.sk.ca

Phone: 306-787-8350 / Toll Free: 1-877-748-2298

If you have any questions about filling out this form, submitting it or the review process, you may call or email the IPC at the contact above.

Along with the completed form, please include a copy of your original access to information request that you provided to the trustee, proof of how/when it was submitted to the trustee, the response

¹ HIPA does not have a prescribed form for making an access to information request or requesting a review. It is not mandatory to use the attached form. A request for review can be submitted to our office by mail or email as it does have to be in writing.

² Trustees are defined at subsection 2(1)(t) of HIPA and section 4 of [*The Health Information Protection Regulations, 2023*](#).

³ Subsection 36(1) of HIPA provides that a trustee must respond within 30 calendar days of receiving a written request for access. A trustee may extend the response period by up to 30 days pursuant to subsection 37(1) of HIPA but must provide notice of this to the Applicant within 30 days after the request is made (s. 37(2) of HIPA). Subsection 40(3) of HIPA requires a trustee to respond in writing to a request for amendment within 30 calendar days after a request for amendment is received.

(decision) from the trustee (if the trustee responded to your request) and any other relevant supporting documentation.⁴

Once the completed request for review form is submitted along with a copy of the related documents, the IPC will consider if it has jurisdiction and grounds to review the trustee's decision or lack of response to the access or correction request made.

If you are requesting a review on someone else's behalf, or you are less than 18 years of age and understand the nature of the right, or power of the consequences of requesting a review (mature minor), you will need to indicate this (see page 5 of the form) and you will have to provide further documentation to demonstrate you are in a position to do so.

For that reason, please ensure you have read the form carefully, ensure you have the necessary authority to act (if acting on another's behalf), and provide our office with the necessary documents before submitting. Section 56 of HIPA provides that another person, under certain circumstances, may exercise any right or power under HIPA that is conferred on an individual, which are as follows:

- The individual is deceased, and you are the personal representative exercising the rights or powers related to the administration of individuals' estate (s. 56(a) of HIPA).⁵
- You are the personal guardian who has been appointed for the individual and you are exercising the right or power related to the powers and duties of the guardian (s. 56(b) of HIPA).⁶
- You are less than 18 years of age and understand the nature of the right or power and the consequences of exercising the right or power (s. 56(c) of HIPA).⁷

⁴ A request for review must be submitted within one year after the trustee provides its response, or in the case where the trustee does not respond, or their response is beyond the legislated response period, within one year from the date the response was due.

⁵ The following two requirements must be met: 1. Proof of the right to act as the personal representative (executor, executrix or administrator of an estate) is required. 2. Proof that the requested information is necessary for the purposes of administering the deceased's estate. For an example of the application of subsection 56(a) of HIPA, refer to [Review Report 282-2019](#) paragraph [16].

⁶ Documentation to support that you have been appointed the personal guardian of the individual (e.g., a copy of a Guardianship Order). For an example of the application of subsection 56(b) of HIPA, refer to [Review Report 268-2019](#) paragraphs [23] to [26].

⁷ When considering a minor's capacity (under 18 years of age) under HIPA, trustees should determine if the minor "understands the nature of the right or power and the consequences of exercising the right or power." Some factors to consider if a youth might emotionally and intellectually have the capacity to give consent are: maturity, economic status, living arrangements, mental state, risk assessment, complexity and intrusiveness of the treatment situation. For an example of the application of subsection 56(c) of HIPA, refer to [Review Report 175-2022](#) paragraphs [28], [29] [32] and [33]. The blog, *Who Signs for a Child* also provides other considerations for this provision: <https://oipc.sk.ca/who-signs-for-a-child/>.

- You are the individual's legal custodian, the individual is less than 18 years of age, and the exercise of the right or power would not constitute an unreasonable invasion of the privacy of the individual (s. 56(d) of HIPA).⁸

Where the individual does not have the capacity to give consent:

1. I am a person designated by the Minister of Social Services if the individual is receiving services pursuant to *The Residential Services Act* or *The Rehabilitation Act* and this individual does not have the capacity to give consent (s. 56(e)(i) of HIPA).⁹
OR
 2. You are a person who is entitled to make personal health care decisions pursuant to *The Health Care Directives and Substitute Health Care Decision Makers Act, 2015* on behalf of the individual and this individual does not have the capacity to give consent (s. 56(e)(ii) of HIPA).¹⁰
- You have been designated in writing by the individual pursuant to section 15 of HIPA to exercise their rights and powers for the purposes of this review (s. 56(f) of HIPA).¹¹ Please complete the Consent Form on Page 8 if designating another individual to act on your behalf for this review.

Along with the completed Request for Review form, include a copy of your original access to information request form (include any documentation that shows when the request was submitted to the trustee¹², if available), a copy of the response (decision) from the trustee (if they responded) and any supporting documentation for why you disagree with the trustee's response to your request.

⁸ If the minor understands the nature and consequences of exercising the right or power, and if found to be a mature minor, the minor's wishes should be a factor taken into consideration in determining if the release of personal health information is an unreasonable invasion of privacy. Steps also must be taken to ensure the Applicant is the legal guardian of the minor. For an example of the application of subsection 56(d) of HIPA, refer to [Review Report 175-2022](#) paragraphs [18] to [35]. The blog, *Who Signs for a Child* also provides other considerations for this provision: <https://oipc.sk.ca/who-signs-for-a-child/>.

⁹ While the IPC has not yet considered the application of this provision of HIPA, similar to subsection 56(e)(ii), sufficient documentation to support that the individual does not have the capacity to give consent and the person has been designated pursuant to one of the Acts to act on the individual's behalf. For additional guidance, refer to the blog *Who Signs for an Adult*: <https://oipc.sk.ca/who-signs-for-an-adult/>.

¹⁰ The person has to provide sufficient documentation to support that the individual does not have the capacity to give consent and the person has been designated pursuant to one of the Acts to act on the individual's behalf. For additional guidance, refer to the blog *Who Signs for an Adult*: <https://oipc.sk.ca/who-signs-for-an-adult/>. For an example of the application of subsection 56(e)(ii) of HIPA, refer to [Review Report 333-2019](#) paragraphs [39] to [45].

¹¹ The authorization must be made in writing and can provide authority to the representative to exercise the right to access the individual's personal health information. The authorization must be signed by the individual, and preferably witnessed. Steps should be taken to confirm with the subject individual to confirm the authenticity of the authorization. For an example of the application of subsection 56(f) of HIPA, refer to [Review Report 214-2020, 217-2020](#) paragraph [23].

¹² Examples may include the email submitting the request to the trustee, a response from the trustee acknowledging receipt of the request, a copy of the request stamped with a received date from the trustee, a registered mail receipt, etc.

Request for Review Form

The Health Information Protection Act

Date
Submitted
to the IPC

MY CONTACT INFORMATION / APPLICANT'S INFORMATION

Last Name

First Name

Address

City

Province

Postal Code

Phone Number

Alternate Number

Email Address

IF REQUESTING A REVIEW ON BEHALF OF ANOTHER INDIVIDUAL, INFORMATION OF AUTHORIZED REPRESENTATIVE (only complete this section if this is relevant to your request and select the appropriate authority to act on behalf of another individual in the list in the next section on the following page)

Last Name

First Name

Address

City

Province

Postal Code

Phone Number

Alternate Number

Email Address

SELECT ONE OF THE FOLLOWING

For more information about these options, please refer to the Instruction Sheet attached to this form

- ☐ **I am representing myself for the purposes of this review. Refer to the contact information provided on the previous page.**
- ☐ **The individual is deceased, and I am the personal representative exercising the rights or powers related to the administration of the individuals' estate (s. 56(a) of HIPA).**
- ☐ **I am the personal guardian who has been appointed for the individual and I am exercising the right or power related to the powers and duties of the guardian (s. 56(b) of HIPA).**
- ☐ **Mature minor - I am less than 18 years of age and understand the nature of the right or power and the consequences of exercising the right or power (s. 56(c) of HIPA).**
- ☐ **I am the individual's legal custodian, the individual is less than 18 years of age, and the exercise of the right or power would not constitute an unreasonable invasion of privacy of the individual (s. 56(d) of HIPA).**
- ☐ **Where the individual does not have the capacity to give consent:**
 - ☐ **I am a person designated by the Minister of Social Services, the individual is receiving services pursuant to *The Residential Services Act* or *The Rehabilitation Act* and does not have the capacity to give consent (s. 56(e)(i) of HIPA).**
OR
 - ☐ **I am a person who is entitled to make personal health care decisions pursuant to *The Health Care Directives and Substitute Health Care Decision Makers Act, 2015* on behalf of the individual and this individual does not have the capacity to give consent (s. 56(e)(ii) of HIPA).**
 - ☐ **I have been designated in writing by the individual pursuant to section 15 of HIPA to exercise their rights and powers for the purposes of this review (s. 56(f) of HIPA). Please complete the consent form on page 8 and submit it along with this request for review.**

If acting on behalf of another individual, please attach relevant documentation that supports your authority to act on behalf of another individual. See the Instruction Sheet attached to this form for more information.

DETAILS OF REQUEST

Trustee Name

Contact information for Trustee

Date Original Access to Information Request Submitted to Trustee

Trustee's Access to Information Application Number (if one was provided)

REASON FOR REQUEST (SELECT ONE OR MORE)

Please indicate what you would like reviewed by the IPC:

- ☐ I have been refused access to all or part of the record.
- ☐ I have been notified that the record does not exist / cannot be found.
- ☐ I have not received a reply to my application, which I submitted days ago.
- ☐ I disagree with the need to extend the 30-day response period.
- ☐ My correction to a personal health information record was not accepted as correct/verifiable.
- ☐ I have been issued a fee estimate that I believe to be unreasonable.
- ☐ My request for a fee waiver has been refused.
- ☐ My request has been transferred to another trustee, and I disagree with the transfer.
- ☐ I disagree with the manner the trustee is providing access to records.
- ☐ I believe there has been a contravention of HIPA.

DOCUMENTATION

Please provide copies of the following, along with your completed request for review form:

- ☐ A copy of your original access to information request form (include any documentation that shows when the request was submitted to the trustee, if available)
- ☐ A copy of the response (decision) from the trustee (if they responded)
- ☐ Any supporting documentation for why you disagree with the trustee's response to your request.

Any other relevant details you would like to share related to your request for review:

Submit your request for review to:

Saskatchewan Information and Privacy Commissioner

ATTN: Intake

503 – 1801 Hamilton Street

Regina SK S4P 4B4

OR

Email: intake@oipc.sk.ca

CONSENT FOR MY RIGHTS TO BE EXERCISED BY ANOTHER PERSON (PURSUANT TO S. 56(f) of HIPA)IPC File Number:

This form is only to be completed if you are designating another individual to act on your behalf

This form serves as consent by the Applicant for the Office of the Saskatchewan Information and Privacy Commissioner (IPC) to disclose information, including the Applicant's personal health information, to another individual who the Applicant authorizes to exercise their rights for this request for review pursuant to section 56(f) of *The Health Information Protection Act* (HIPA), which states:

Exercise of rights by other persons

56 Any right or power conferred on an individual by this Act may be exercised:

...

(f) by any person designated in writing by the individual pursuant to section 15.

Section 15 of HIPA states:

Right to designate

15 An individual may designate in writing another person to exercise on behalf of the individual any of the individual's rights or powers with respect to personal health information.

I, , hereby authorize the IPC to disclose my personal health
Name of Applicant

information, to and consent to the authorized representative
Name of Authorized Representative

to communicate with the IPC and for the purposes of this review.
Name of Trustee

I understand that I may withdraw or alter my consent for the above-noted individual to act on my behalf in this matter at any time by contacting the IPC.

My consent is to remain in effect until the conclusion of the review into the same, or until I withdraw consent in writing to the IPC.

Signature: _____
Signature of Applicant

Date:

Signature: _____
Signature of Authorized Representative

Date:

Witness Name:

Contact Information:

Signature: _____
Signature of Witness

Date:

(The Witness must be a neutral third party that knows the Applicant, and cannot be the authorized representative)