Appendix A

Access Request Form

Request for Access to Personal Information

**Applicant Information** (must be completed)

Name:

Address:

Unit:

City and Province:

Postal Code:

Phone Number:

**REPRESENTATIVE INFORMATION** (complete only if applicable)

I, the undersigned, hereby authorize the following person to act on my behalf and to receive personal information about me, as necessary for the purposes of this request:

Representative Name:

Organization:

Address:

Unit:

City and Province:

Postal Code:

**PERSONAL INFORMATION REQUESTED**

Please provide details of the information requested:

**METHOD OF ACCESS PREFERRED**

Please indicate the preferred method by which you wish to access documents containing your personal information:

* Receive copies of originals
* Examine originals at 3sHealth’s offices

Signature of applicant Date

**IMPORTANT INFORMATION**

This completed and signed form must be hand delivered or sent by registered mail to the following:

**3sHealth**

700-2002 Victoria Avenue

Regina, Saskatchewan S4P 0R7

**ATTENTION:** Privacy Officer

3sHealth will respond to your request within 30 days of receiving this form. If 3sHealth needs to extend the time to deal with your request, you will be notified of the new deadline and the reasons for the extension. If 3sHealth refuses to provide the requested information, you will be notified of the grounds for the refusal.