



Nova Scotia Health Record of User Activity Form

1. Important Information: Please Read Before Completing this Form

- Please complete this form to request a record of user activity from Nova Scotia Health (NSH).
- A record of user activity (RUA) 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 *Personal Health Information Act* Regulations, s. 11(1).
- When completing the form, please print clearly and provide as much information as possible.
- A copy of your photo ID with signature **must** be provided or your form will not be processed.
- We can only provide audit results **up to a maximum of two (2) years** from the date of this request.

2. Identification of Individual:

Last Name: _____ First Name: _____ Middle Name: _____

Previous Surname (if it has changed in the past three years): _____

Mailing Address: _____

Date of Birth: _____ Health Card Number: _____

Phone: _____ Email: _____

3. Details of the Request:

a) NSH Privacy file # (provide any existing investigation file number if available): _____

b) Systems: Please identify which NSH Electronic Information Systems you would like to receive a record of user activity for:

Health record system used in Eastern Zone of NSH (Cape Breton, Guysborough, and Antigonish areas)

Health record system in Northern Zone of NSH (Colchester-East Hants, Cumberland and Pictou areas)

Health record system in Western Zone of NSH (Annapolis Valley, South Shore and South West areas)

Health record system in Central Zone of NSH (Halifax area, Eastern Shore and West Hants areas)

Other, please specify:

c) **Time Period:** Please indicate the time period for which you would like to receive a record of user activity. We can only provide up to a maximum of two years (if possible) prior to the date of the request.

All access from the time period: _____ to _____ .



4. Terms of Access

How would you like to receive your records?

Have the record delivered by email using a secure file transfer (***RECOMMENDED***).

Email Address: _____

Have the record delivered by regular mail at the address above.

Pick up the record in person.

Authorize another person to pick up the record on my behalf (complete section below).

Please note: The authorized person will have to show ID if picking up the record in person.

Name of Authorized Person: _____

Address or Email Address to Send File: _____

Telephone Number: _____

5. Signature

Relationship to Individual (please check one):

Self

Substitute Decision Maker

Other _____

NSH is required to verify an individual's authority to access information before releasing personal health information. A clear copy of one piece of government issued photo identification will be required for all requests. Please provide the copy of the identification when you submit your form.

I consent to NSH reviewing my personal health information in order to provide a record of user activity to me as requested on this form, including collecting and using my government issued photo ID and the information it contains for identity verification purposes.

Signature: _____ Date: _____

Please email your form and a copy of your photo ID to Privacy@nshealth.ca or mail to

Nova Scotia Health Privacy Office

PO Box 36111

Halifax RPO Spring Garden Road

Halifax, NS B3J 3S9

Once your application and photo ID have been received, your application will be processed and the RUA will be made available to you on or before 30 days.