

Record of User Activity (RoUA) Request Form



Manitoba Health is required by the Guidelines for Records of User Activity (RoUA), and in accordance with PART 2 of *The Personal Health Information Act* (PHIA), and subject to the reasons for refusing access set out by the act, to provide a record of user activity to the individual the information is about, or his or her representative, within the timeframe required by the act. This record must enable individuals to:

- assess which authorized users, by name, have accessed their information and when, and
- determine compliance with the individual’s directives on access to or disclosure of personal health information

In order to best assist you, please provide as much of the following information as possible:

SECTION 1: Individual the Information is About			
Given Name(s)		Surname	
Personal Health Identification Number	Health Registration Number	Date of Birth (dd/mm/yyyy) / /	
Phone Number	Fax Number	Email Address	
Address		City/Town	Postal Code
SECTION 2: Access Record Details			
Please indicate the type of information you would like an access record for: _____ _____ _____ _____			
<input type="checkbox"/> The RoUA should show accesses for the past <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years			
<input type="checkbox"/> The RoUA should shows accesses between the dates of _____ and _____			
This request is for <input type="checkbox"/> all accesses <input type="checkbox"/> accesses at a specific site: _____			
SECTION 3: Individual Seeking the Information			
<input type="checkbox"/> I am the individual this information is about			
<input type="checkbox"/> I am the individual’s representative as per Section 60(1) or 60(2) of PHIA (see Pg. 3) – Authority: _____			

SECTION 4: RoUA Delivery Method

I wish to:

- Pick up the RoUA in person
- have the RoUA faxed to me at the following number: _____
- have the RoUA delivered to me by registered mail at the address in Section 1 above
- authorize the release of the RoUA to the following person(s):

Name(s): _____

Address: _____

Phone: _____

Fax: _____

Email: _____

SECTION 5: Authorization

I undertake that I have the authority indicated in Section 3 to access this information.

I understand that I may be required to provide documentation confirming my authority to access this information if I am not the individual the information is about.

Date: _____

Signature of Authorized Individual_____
(mm/dd/yyyy)

The information you are asked to provide on this form is collected under the authority of *The Personal Health Information Act* (PHIA) and is necessary to help us process and respond to your request. Any information you provide will be protected in accordance with PHIA.

Submit this form and/or direct inquiries to:

Auditing Program
Legislative Unit – Manitoba Health
300 Carlton Street, Winnipeg, Manitoba, R3B 3M9
Phone: (204) 788-6612 Fax: (204) 945-1020 Email: PHIAinfo@gov.mb.ca

OFFICE USE ONLY

Date received: _____

Received by: _____

 ID and authority of requestor confirmed – Details: RoUA provided By fax By registered mail By courierPickup by: the individual authorized person

Date provided: _____

Provided by: _____

 RoUA **not** provided

Details: _____

THE PERSONAL HEALTH INFORMATION ACT

Section 60

Exercising rights of another person

- [60\(1\)](#) The rights of an individual under this Act may be exercised
- (a) by any person with written authorization from the individual to act on the individual's behalf;
 - (b) by a proxy appointed by the individual under *The Health Care Directives Act*;
 - (c) by a committee appointed for the individual under *The Mental Health Act* if the committee has the power to make health care decisions on the individual's behalf;
 - (d) by a substitute decision maker for personal care appointed for the individual under *The Vulnerable Persons Living with a Mental Disability Act* if the exercise of the right relates to the powers and duties of the substitute decision maker;
 - (d.1) by an attorney acting under a power of attorney granted by the individual, if the exercise of the right or power relates to the powers and duties conferred by the power of attorney;
 - (e) by the parent or guardian of an individual who is a minor, if the minor does not have the capacity to make health care decisions; or
 - (f) if the individual is deceased, by his or her personal representative.

If person unavailable

- [60\(2\)](#) If the trustee reasonably believes that no person listed in subsection (1) exists or is available, the adult person listed first in the following clauses who is readily available and willing to act may exercise the rights of an individual who lacks the capacity to do so:
- (a) the individual's spouse, or common-law partner, with whom the individual is cohabiting;
 - (b) a son or daughter;
 - (c) a parent, if the individual is an adult;
 - (d) a brother or sister;
 - (e) a person with whom the individual is known to have a close personal relationship;
 - (f) a grandparent;
 - (g) a grandchild;
 - (h) an aunt or uncle;
 - (i) a nephew or niece.

Ranking

- [60\(3\)](#) The older or oldest of two or more relatives described in any clause of subsection (2) is to be preferred to another of those relatives.