



External Health Information Request Portal User Guide

ACCESS & DISCLOSURE

HEALTH SHARED SERVICES | 24 JULY 2026





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Getting Started

The External Health Information Request Portal is a secure, web-based tool that enables external requesters to electronically submit and manage requests for health information.

Using the portal, users can:

- submit requests for the release of health information
- upload authorization forms and supporting documentation
- securely download released health information

The portal streamlines the request process, improves security, and provides a convenient way to exchange health information electronically while supporting privacy and confidentiality requirements.

Benefits of the portal

- Secure electronic submission and delivery of information
- Reduced reliance on paper-based processes
- Faster and more efficient request management
- Convenient access from any internet-connected device

Who can submit requests

The External Health Information Request Portal is available to authorized external requesters seeking access to health information. Eligible users include:

- Lawyers and legal representatives
- Insurance companies
- Government agencies
- Law enforcement agencies
- Regulatory bodies
- Out-of-province healthcare providers
- Community healthcare providers who do not have access to the Provider Portal
- Other authorized third parties

Patients or their authorized representatives requesting access to their own health information must submit their requests through the Patient Portal, not the External Health Information Request Portal.



Before You Begin

To complete your request through the External Health Information Request Portal, please have the following information and documents ready:

- Patient information, including:
 - First and last name
 - Date of birth
 - Legal sex
- When applicable, a completed and signed Consent to Disclose Health Information form

Having this information available before starting your submission will help ensure your request is processed as efficiently as possible. You may also be required to provide additional supporting documentation, depending on the nature of your request.

How to access the portal

The portal can be accessed online through the provided link: [External Health Information Request Portal](#).



Logging In

Access & Disclosure - Provincial Services

Begin by entering your email

1

2 **Send code to get started**

To obtain medical records, please submit a completed and signed consent form along with any required supporting documentation. If you require information from a walk-in clinic, medi-centre, private physician, please contact them directly.

1. Go to the portal link.
2. Enter your **email address**.
3. Click **Send code to get started**.
4. Check your email inbox for the verification code.

Each time you log in, you will use a one-time verification code sent to your email. The verification code confirms you have access to the email address registered to your account.

Access & Disclosure - Provincial Services

Enter the code sent to

5

6 **Verify**

[Re-enter Email](#)

[Resend Code](#)

5. Enter the verification code on the login screen.
6. **Click Verify**. You will be directed to the home page.



Home Page Overview

On the Home Page you will see:

1. **Account menu** – Click the down arrow to view and edit saved addresses or log out.
2. **Create a New Request** – Click this button to begin a new request.
3. **Download Consent to Disclose Health Information Form** – Click this link to download a copy of the consent form.
4. **Ready to Download** – Access completed record requests here.
5. **Payment Needed** – Payment is required. Click **Invoice** to view the total and payment options. For post-pay requests, the invoice will also appear under the **Ready to Download** tab.
6. **Pending Requests** - Request is being reviewed. A response expected date is shown on each request. You may also cancel a request from this tab.
7. **Past Requests** - History of your completed, cancelled, or expired requests from the past 90 days. View letters and invoices associated with past requests from this tab.
8. **View details** – Click the down arrow to view the patient information and any documents uploaded for that request. Available in the **Pending Requests**, **Payment Needed** or **Ready to Download** tabs.

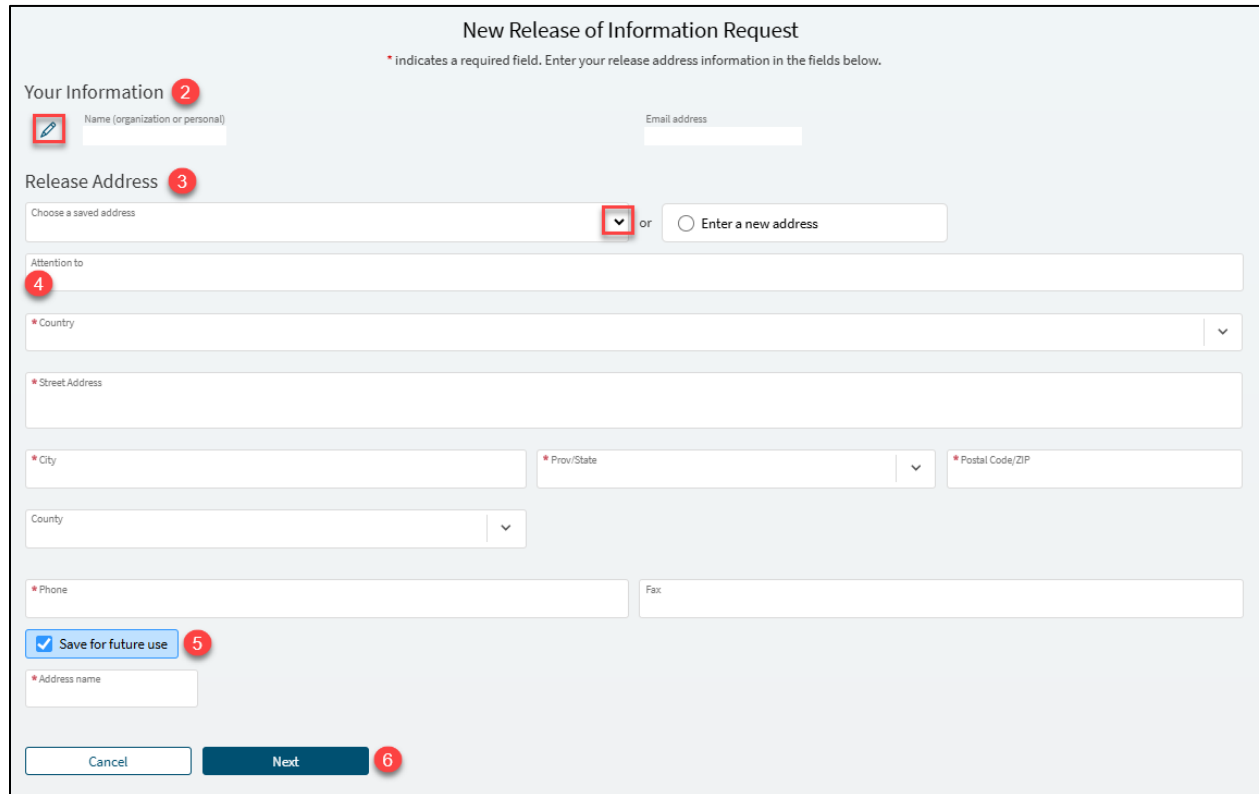


Submitting a Request

Follow the steps below to submit a new request.

Requester Information

1. Click **Create a New Request**  on the home page.



The screenshot shows the 'New Release of Information Request' form. It includes sections for 'Your Information' (Name, Email address), 'Release Address' (Choose a saved address, Enter a new address), and various address fields (Attention to, Country, Street Address, City, Prov/State, Postal Code/ZIP, County, Phone, Fax). There is a 'Save for future use' checkbox and an 'Address name' field. The form has 'Cancel' and 'Next' buttons at the bottom.

1. Click **Create a New Request** on the home page.

2. Enter or confirm your name and email address in the **Your Information** section. Click the pencil icon to edit your name if needed.

3. Under **Release Address**, click the **Choose a saved address** dropdown to select a saved address, or click **Enter a new address** to add one.

4. Complete the required address fields.

5. To save this address for future requests, click **Save for future use**. Enter an **Address name** in the field that appears.

6. Click **Next**.

2. **Enter** or **confirm** your **name** and **email address** in the **Your Information** section. Click the **pencil icon** to edit your name if needed.
3. Under **Release Address**, click the **Choose a saved address** dropdown to select a saved address, or click **Enter a new address** to add one.
4. Complete the required address fields.
5. To save this address for future requests, **click Save for future use**. Enter an **Address name** in the field that appears.
To mark this address as a favorite, click the down arrow in the **account menu**, select **Your Information**, and click the **star** beside the address.
6. Click **Next**.



Patient Information

Enter the following patient fields:

New Release of Information Request
* indicates a required field, but all fields are recommended.

Patient Information

1. * First name (required field) Middle name * Last name (required field)

* Date of birth (recommended field) 2. [Calendar icon]

* Legal sex (recommended field) 3. [Dropdown menu]

Country: Canada

4. Street Address (recommended field)

City Prov/State Postal Code/ZIP

County

Email address Verify email address

Mobile phone

1. **First Name, Middle Name** (if applicable), and **Last Name**
2. **Date of Birth** - enter DD/MM/YYYY format or click the calendar icon to select a date.
3. **Legal Sex** – select from the dropdown.
4. **Street address** and other optional fields are recommended to help ensure the correct patient is identified.



Authorization to Release Protected Health Information

Provide the required supporting authority and documentation to support your request for health information.

Authorization to Release Protected Health Information

Health Care Providers who are delivering ongoing care to the patient must clearly indicate this in their request for patient health information. All other requesters must submit a copy of their request along with all required supporting documentation (e.g., consent or authorization).

[Download Consent to Disclose Health Information Form](#)

* Required

File types: BMP, DOC, DOCK, JPEG, JPG, PDF, PNG, TIF or TIFF

Maximum file size is 10 MB.

[Upload a new document](#) 1

Additional Documents

Upload additional supporting documents if needed. Number of files allowed: 5

[Upload a new document](#) 2

To proceed with your request, upload the appropriate authorization or documentation supporting your right to obtain the requested health information.

- **Health care providers** requesting information for continuity of care must clearly indicate that the request is for continuity of care on the document being uploaded.
- **All other requesters** must upload a copy of their request letter along with all required supporting documentation, such as a signed consent or authorization form.
- If you require a consent form, select Download Consent to Disclose Health Information Form. Accepted file formats and the maximum file size are displayed within the portal.
- Upload under Additional Documents. Up to five (5) additional documents may be attached to your request.
- Use this section to submit documentation that demonstrates legal authority when the patient has not personally signed the consent form, including:
 - Wills
 - Letters of Administration
 - Guardianship Orders
 - Power of Attorney documents (where applicable)
 - Other documentation establishing legal authority to act on the patient's behalf



Important: Requests cannot be processed until all required documentation supporting authority and authorization has been received. Submitting complete documentation with your request will help avoid processing delays.

Purpose of Disclosure and Acknowledgement

Purpose of Disclosure 1

* Required

Litigation Insurance/Claim Management Investigation Continuity of Care Other

Acknowledgement

Information on this form and the supporting documentation are collected under the authorization of sections 20 - 22 of the Health Information Act for the purpose of responding to your request and will be filed on the patient/client record. If you have questions about the collection and use of any information on this form, contact the Disclosure Help Line at 1.855.312.2265.

Office Use Only - This form is not to be used to document a disclosure or release of information. Information released must be documented in accordance with section 41 of the Health Information Act.

☒ * I have read and agree to the acknowledgement 2

Back Submit 3

Complete the following fields:

1. Select the appropriate **Purpose of Disclosure**.
2. Read the **Acknowledgement** and check the box: "I have read and agree to the acknowledgement."
3. Click **Submit**.

You must fix these problems to continue: 4

⚠ Acknowledgement: This is required

⚠ Authorization to Release Protected Health Information: This is required

Back Submit

4. If required fields are incomplete, a **You must fix these problems to continue** message will appear listing the items that need to be corrected. The **Submit** button will remain greyed out until all required fields are completed.



After You Submit a Request

Once submitted, your request will appear under the **Pending Requests** tab. You will receive email notifications as the status changes.

+ Create a New Request [Download Authorization Form](#)

Ready to Download

Payment Needed

Pending Requests 1

Past Requests

John Alberta

Requested on 19/05/2026

Request ID 8617

Letters
Invoice
Letter

Response expected: 17/06/2026 2

View details 3

Cancel Request

1. Click the **Pending Requests** tab to view the request.
2. The **Response expected** date is displayed on the top right side of the request.
3. Click **View details** to view the patient information and any documents uploaded for that request.

Cancelling a Request

You can cancel a request from **Pending Requests** or **Payment Needed** at any time before it is completed.

+ Create a New Request [Download Authorization Form](#)

Ready to Download

Payment Needed

Pending Requests 1

Past Requests

John Alberta

Requested on 19/05/2026

Request ID 8617

Letters
Invoice
Letter

Response expected: 17/06/2026

View details

Cancel Request 2

1. Open the request you want to cancel.
2. Click **Cancel Request**.
3. A confirmation pop up will appear. Click **Cancel Request** to confirm.

Are you sure you want to cancel this request? x

This cannot be undone.

3 Cancel request Keep request



Paying Your Invoice

If payment is required, your request will appear under **Payment Needed**.
For post-pay requests, the invoice will also appear under **Ready to Download**.

+ Create a New Request [Download Authorization Form](#)

Ready to Download
Payment Needed 1
Pending Requests
Past Requests

John Alberta
Requested on 09/06/2026
Request ID 8685
Letters Invoice 2
Cost \$1.25
[View details](#)
[Cancel Request](#)

1. Click the **Payment Needed** tab.
2. Click **Invoice** under **Letters** to review the total amount due.
3. Select a payment method from the invoice and complete your payment.
Available payment methods include online banking, credit card or cheque.
4. Once payment is confirmed, your records will appear under the **Ready to Download** tab.

If payment is not received within 90 days your request will be cancelled and you will be required to submit a new request

Downloading Your Records

When your records are ready, you will receive an email notification.

+ Create a New Request [Download Authorization Form](#)

Ready to Download 1
Payment Needed
Pending Requests
Past Requests

How to access your files

John Alberta
Requested on 21/05/2026
Request ID 8626
Letters Invoice
Expires on: 20/06/2026
[View details](#)
[Download](#) 2

1. Click the **Ready to Download** tab.
2. Click **Download**.
3. A **Confirm download** pop up will appear. Click **Download** to confirm.

Confirm download

Once you download this file, it will no longer be secured by MyChart. Other apps on your device might have access to this file. Do you want to continue?

3 [Download](#) [Cancel](#)



Important: Records remain available for download for 90 days from the date they are released. After 90 days, the records will no longer be accessible through the portal, and a new request must be submitted if access is still required.

To avoid delays or the need to resubmit a request, requesters are encouraged to download and securely save their records as soon as they become available.

Past Requests

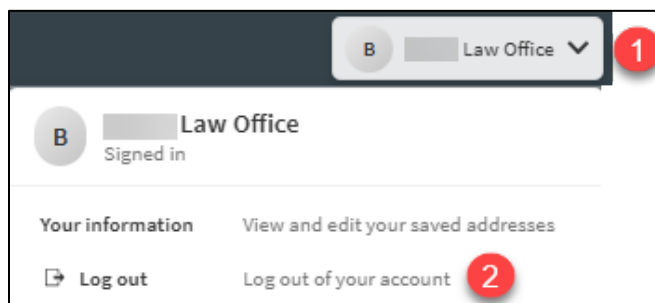
Completed, cancelled or expired requests from the past 90 days are listed here.

Ready to Download	Request ID	Requested on	Letters
Payment Needed	8579	30/04/2026	Invoice
Pending Requests	8578	30/04/2026	Invoice
Past Requests 1	8557	23/04/2026	Invoice Invoice Letter
	8555	23/04/2026	Invoice

1. Click the **Past Requests** tab.
2. Under **Letters**, click **Invoice** or **Letter** to view associated document(s).

Logging Out

To log out of your account:



1. On the Account menu, click the **down arrow**.
2. Click **Log out of your account**.