

OVERVIEW: Complete this form to request a privacy audit report from the ConnectingGTA electronic health record system to support auditing and monitoring activities at your organization. The following reports may be requested:

User Activity Reports

Log-in: All log-in information within a specified date range for all users*.

Patient/Client Search: All patient/client search activities performed within a specified date range, by all users*.

Access to PHI Summary Report- by User: List of all Patient/Clients (across all sites) whose PHI was viewed by all users*, within a specified date range.

Access to PHI Summary Report- by Patient: List of all Users (across all sites) who looked at Patient/ Clients, within a specified date range.

End User Agreement: Displays a list of all End User Agreement "accepts" and "declines" by users*.

Printing: Displays all user print events performed by all users* within a specified date range.

Consent Management Reports

Consent Directive Changes- By Organization: Displays a list of all consent directive changes made by privacy officers belonging to a particular organization within a specified date range.

Consent Directive Override Report: Displays a list of all consent directive overrides that have been performed by Users, within a specified date range or Displays a list of all consent directive overrides made by Users (across all sites) which affect any Patient/Clients in ConnectingGTA.

INSTRUCTIONS FOR COMPLETING FORM:

1. Complete the required (*) fields.
2. The contact information must be the information of the Privacy Officer at your site. For delegates, please provide written authorization from the Privacy Officer along with your request.
3. Mail or fax the completed form to:

Mail:

eHealth Ontario Privacy Office
P.O. Box 148,
777 Bay Street, Suite 701
Toronto, Ontario, M5G 2C8

Fax: (416) 586-4397 or 1 (866) 831-0107

Email (only when Section 3A- Patient Information or 3B- Agent Information is not completed):
privacy.operations@ehealthontario.on.ca.

QUESTIONS: If you have questions about this form, contact the eHealth Ontario Privacy Office at **416-946-4767** or email privacy@ehealthontario.on.ca with your name and phone number.

* Users who have the UAO of a particular organization or the other organization(s) sponsored by that organization.

*SECTION 1: CONTACT INFORMATION

*Request Date: MM/DD/YYYY

*Organization Name:

*Requestor is Privacy Officer: Yes No - Please complete **Section 2: Delegate Contact Information**

*Privacy Officer First Name:

*Privacy Officer Last Name:

*Privacy Officer Title:

*Privacy Officer Business Telephone:

*Privacy Officer Business Email:

*Preferred Method of Receipt: Mail (courier)- Please complete mailing address below Email

*Mailing address:

*City:

*Province:

*Postal code:

SECTION 2: DELEGATE CONTACT INFORMATION

NOTE: PLEASE SUBMIT WRITTEN AUTHORIZATION FROM PRIVACY OFFICER WITH REQUEST

*Privacy Officer Delegate First Name:

*Privacy Officer Delegate Last Name:

*Privacy Officer Delegate Title:

*Privacy Officer Delegate Business Telephone:

*Privacy Officer Delegate Business Email:

*SECTION 3: AUDIT REPORT REQUEST DETAILS

***Type of Report** (select reports)

User Activity Report:

- Log-in & Log-out
- Patient/Client Search
- Access to PHI Summary Report- by User
- Access to PHI Summary Report- by Patient
- End User Agreement
- Printing

Consent Management Report:

- Consent Directive Changes- By Organization
- Consent Directive Override Report

***Date Range:** Start Date: MM/DD/YYYY End Date: MM/DD/YYYY

Comments:

***Report Format**

- PDF
- Excel Spreadsheet

Reason for Request (organizational need):

SECTION 3A: PATIENT INFORMATION

*Patient information can be provided for **Access to PHI Summary Reports** and **Consent Directive Override Reports** (if patient information is not provided, all patients' information will be included in the report).*

Patient First Name:	Patient Last Name:
Patient Health card number OR Medical record number OR Client Health and Related Information System ID (if health card number is not available):	

SECTION 3B: AGENT INFORMATION

*Agent information can be provided for **Access to PHI Summary Reports** and **Consent Directive Override Reports** (if agent information is not provided, all agents' information will be included in the report).*

Agent First Name:	Agent Last Name:
College Name (i.e. College of Dentists):	License Number:

EHEALTH ONTARIO USE ONLY (DO NOT COMPLETE)		
Form Completed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identity Verified:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Delegate Authourization:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Remedy Ticket Number:
		Privacy Operations Reference Number:
Notes:		