



Labrador-Grenfell
Health

Request for Audit of Access to Electronic Health Information

Requestor Information:

Name: _____ **Address:** _____

Phone Number: _____ **Date:** _____

***If this request is being made by an "employee" of Labrador-Grenfell Health regarding their own personal health information or that of a family member for whom they are an authorized representative, title/position and approval is not required. This information is also not required for client requests.*

Title/Position: _____ **Approver:** _____

Details of Audit Request: (maximum prior time period of 2 years):

***If this request relates to a specific client, please provide the additional detail below. If multiple clients, the same information must be provided for each client.*

Client Name: _____ **Address:** _____

Date of Birth: _____ **MCP#:** _____

Requestor's Relationship to Client: _____

Requestor's Signature: _____

For Regional Privacy Office Use Only:

Date Request Received: _____

Audit Type: Meditech _____ CRMS _____ Other (please specify) _____

Investigation findings:

Name/Title: _____ **Date:** _____