eCHN Personal Health Information (PHI) Inquiry Form

Version 1.0 (March 9, 2016)

Form Completion Instructions

1. Please fully read this form.
2. Please enter all information as requested.
3. Sign and submit this form to the eCHN Privacy Office.

Part 1 – Submitting a Request for Access

The electronic Child Health Network (eCHN) provides services to enable health information custodians[1] to use electronic means to share personal health information with other health information custodians for the purpose of providing care to paediatric patients. The personal health information contained in the eCHN databases represents a copy of the data found in the originating health information custodians' records and continues to be in the custody and control of the contributor.

eCHN cannot disclose any personal health information directly to a patient or a patient's guardian. However, upon successful validation of the identity of a requestor and their relationship to the patient (as identified on page 2 of this form), eCHN may:

- Confirm that the patient's health information is in our database and
- Advise you of which Health Information Custodian(s) contributed the patient information to eCHN

Please note that by providing this completed form to the eCHN Privacy Office, you consent to eCHN collecting and using the information submitted in the *eCHN PHI Inquiry Form* to search the eCHN electronic health record to confirm the existence of data in the eCHN system for the individual identified in Part 2 of this form. This form may be shared with the contributing health information custodian, as the owner of the patient records.

Prior to the release of any information from eCHN, a validation of the identity of the requestor shall be undertaken by the eCHN Privacy Office. Additional information may be required to be submitted to eCHN from the requestor to validate their identity. Any validation materials collected from the requestor will be destroyed upon completion of a successful or failed validation and in accordance with the *eCHN PHI Inquiry Procedure*. eCHN will retain a copy of this form for 7 years, as part of a log of access requests. This information shall be safeguarded in accordance with the *eCHN Security Policy* and will not be used for any secondary purpose.

Part 2 – Patient Information

First Name *	Middle Name *	Last Name *
Address		Unit No.
City	Province	Postal Code

[1] Health Information Custodian, means a person or organization as described in the *Personal Health Information Protection Act*, 2004 section 3 and who has custody or control of personal health information as a result of or in connection with performing the person's or organization's powers or duties. Some Health Information Custodians that participate in eCHN include independent health care practitioners, Community Care Access Corporations, Hospitals, Community Health Centres and other authorized health care organizations.

Part 3 – Requestor Information

Salutation Mr. Miss Mrs. Ms.	First Name *	Middle Name *	Last Name *
Relationship to Patient	Business Telephone * *(incl. Extension)*	Business Mobile Number	Business E-mail*

☐ I consent to being contacted at this email address or through the email address of my named representative. I acknowledge that sending personal information over the Internet is not secure as the email can be intercepted and/or manipulated and retransmitted.

Please indicate your association with the patient:

- ☐ Parent
- ☐ Legal Guardian
- ☐ Self (it is my paediatric health record being requested)
- ☐ Lawyer *(Please provide name of Company):*

  _____
- ☐ Other *(Please indicate):*

  _____

Please confirm the information requested for the patient identified in Part 2 of this *PHI Inquiry Form*:

☐ If the personal health information records of the patient, exist within the eCHN network.

☐ Which Health Information Custodian(s) shared the patient records with eCHN.

Part 4 – Requestor Authorization

_____ _____

Requestor Signature Date

**** Please submit the completed form to the eCHN Privacy Office:**

The electronic Child Health Network
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Toronto, Ontario
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privacy@echn.ca