**CritiCall Ontario – Data Request Form**

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| **Instructions**  |
| **Form Completion**: * The form must be completed in full, including signature and date. Requests for PHI must include the Hospital Privacy Contact signature.

*All requests will be managed in accordance with privacy legislation, including the Personal Health Information Protection Act, 2004 (PHIPA).***Form Submission:*** The completed form must be submitted from the requestor’s hospital email address to Clientrelations@criticall.org

*To find out who the LRAs for your hospital are, please contact* Helpdesk@criticall.org |
| **Requestor Information** |
| First Name       | Last Name       |
| Job Title  |
| Business Telephone *(include ext.)***(   )** | Business Email       |
| Hospital Corporation Name/Site *(e.g., ABC General Hospital)*  |

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| **Data Request Information (Fill Out Only The Applicable Section (PHI Or Non-PHI)** |
| **PHI Data Requests (Record Level Data/Personal Health Information)** |
| List the data elements required (e.g. First Name, Last Name, DOB): |
| What purpose(s) will the data be used for? |
| **Non-PHI Data Requests (Aggregate Level Data)** |
| What aggregate level data are you requesting? |
| What purpose(s) will the data be used for? |

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| **Sign-Off** |
| **I acknowledge that:** 1. **Data that contains PHI must be retained in a secure location and will not be retained on any portable device that is not encrypted (e.g. laptops, USB keys, etc.).**
2. **Data will only be used for the purpose(s) identified above. Aggregate information will not be used either alone or with other information to attempt to identify an individual, including attempting to decrypt information that is encrypted, attempting to identify an individual based on unencrypted information or attempting to identify an individual based on prior knowledge.**
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| Requestor’s Signature: | Date:  |
| Hospital’s Privacy Contact Signature (For PHI request only): | Date:  |