

ChartView Printing Rights Request Form

Instructions:

If you require the ability to print, please read and complete this form and submit it to Health Records Services at St. Paul's Hospital.

About Printing:

Printing of the historic record is discouraged because of privacy concerns and the risk that further clinical documentation will be added to already scanned documents. Therefore assignment of printing rights is limited to those who can establish that a printed copy is required to support care or operational processes.

Printing Principles:

1. I accept responsibility for controlling access to printed copies of PHC health records as well as the confidential handling, storage and destruction of any printed copies.
2. I will not add clinical documentation that will be used to support future care decisions to any records printed from ChartView.
3. I have considered alternatives to printing health records materials to address my care giving or operational needs and none are feasible at this time.
4. It is my responsibility to comply with the BC Freedom of Information and Protection of Privacy Act.
5. I will immediately report to the Information Access and Privacy Office (privacy@providencehealth.bc.ca) in the event any printed documents are lost or stolen as per PHC policy.

Statement of agreement:

I have read and agree to the above printing principles. I understand that failure to properly manage printed health records could result in disciplinary action including a potential loss of privileges or employment at PHC.

Signature: _____ Date: _____

Applicant Information:

Name: _____ **SCM/AM User ID:** _____

Department: _____ Position: _____

Work Phone Number: _____ Work Email: _____

Operations Leader/Clinical Nurse Leader Information:

Name: _____ Signature: _____

Date: _____

Please explain why you require the ability to print from the historic health record:

Please fax to 69006 or 604-806-9006 **Attention:** Manager, Records Management PHC