

|  |  |
| --- | --- |
|  | **VRAM Clerk** Grafton Clinical Records Department Building 21, Ground Floor Park Road, Grafton, Auckland Phone 09 3074949 Ext 22274 Fax 09 307 4959 or 23380 E-mail grclinVRAM@adhb.govt.nz  |

#### ACCESS TO PATIENT INFORMATION

## FOR RESEARCH or AUDIT

|  |  |
| --- | --- |
|  |  |
| *To be completed when records are required for purposes other than continuing patient care and treatment.*  |
|  | ***COMPLETE ONE OF THE BOXES BELOW:*** |  |
|  | [ ]  Research (Including clinical trial)  | [ ]  Audit  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | ***COMPLETE FOR RESEARCH ONLY:*** |  |  |
|  | A+ Project No. |       |  |
|  | Ethics Committee No. |       |  |
|  | Principal Investigator’s Name: |       |  |
|  | Ethics Approval Expiry Date: |       |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | ***COMPLETE FOR ALL REQUESTS:*** |  |  |
|  | Today’s Date: |       |  |
|  | Requested by: |       |  |
|  | Contact Phone & Email |  |  |
|  | What information will be accessed:How will information be accessed?: |       |  |
|  | If 3M ChartView access required – please specify username: |       |  |
|  | To be Accessed by:*[Name of persons who will be viewing records]*ADHB staff member(s)? – Y/N:If non-ADHB staff an ADHB Confidentiality Agreement must be completed.Confidentiality Agreement completed? Y/N |                 |  |
|  | Authorisation:***Must*** *be* ***ADHB*** *senior manager* *– Director, Operations/ Business Manager or Clinical Director* |       |  |
|  |  |  | *(Director, Operations/ Business Manager / Clinical Director)* |  |
|  |