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|  | **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](mailto:grclinVRAM@adhb.govt.nz) |

#### ACCESS TO PATIENT INFORMATION

## FOR RESEARCH or AUDIT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
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| *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)* |  |
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