

CCP Audit Report Request Form

Requestor Contact Information	
Name (First, Last):	Organization:
Position :	Department:
Email:	Phone:
Requested Delivery Date (yyyy-mm-dd):	

Report Request
<p>Note: Home and Community Care Support Services NSM offers two access reports for your CCP auditing needs. Please indicate if you would like one or the other, or both by checking the boxes below</p> <p><i>Do not include any PHI in this form – you will be contacted for additional details</i></p> <p>Coordinated Care Plan - Access report by User This report lists your employee(s) and the Clients they accessed in a given timeframe.</p> <p>Report includes: Employee Name, Client Name, HCN, Date and time of access, activity by user (view or edit), section accessed</p> <p><i>Only employees of your organization may be requested.</i></p> <p>OR</p> <p>Coordinated Care Plan – Access report by Client This report lists your Client(s) and indicates which users accessed their CCP in a given timeframe.</p> <p>Report includes: User Organization Name, User/Employee Name, Client Name, HCN, Date and Time of Access, Activity (view or edit), Sections Accessed</p> <p><i>Only Clients of the contact organization may be requested, however you will be able to see the employees of other organizations who also accessed your Client.</i></p>
Time period required: Start Date (yyyy-mm-dd): End Date (yyyy-mm-dd):
Please send to: HCCSS NSM Privacy and Records dept email NSM.HealthRecords@lhins.on.ca
A member of the team will contact you to discuss specific report details. Access reports will be sent to you by HPG.

For Home and Community Care Support Services Privacy and Records dept use only

Contacted requestor for request details	Date: Completed by:
Prepared audit report and sent to requestor via HPG	Date: Completed by: