

Please complete this form to request an audit on your electronic health record. You will be provided with the results in a response letter.

Patient/Client Information			
Print Last Name:	Print First Name:	Middle Initial:	Also Known As:
Date of Birth:	Phone No:	<input type="checkbox"/> Fax #: <input type="checkbox"/> Mailed	PHN:
Street, Apartment No./PO Box	City/Town:	Province/Country:	Postal Code:
<p>Please provide an inclusive date range you would like the audit run. Please note, we only run audits back as far as one full year prior to the date of the request.</p> <p>From: _____ To: _____</p>			
Print Requestors Name:		Date & Signature:	
<p>If other than above, please contact privacy@northernhealth.ca</p>		(Digital signatures are not accepted)	
For Public Body Use Only			
Date request received:	Patient Information System of Request		
	<input type="checkbox"/> MOIS Location: <input type="checkbox"/> Cerner		

Fax completed form to 250- 565-2640, or mail to:
 Suite 600-299 Victoria Street, Prince George, BC V2L 5B8 Attention: Audit Management
 If you have any questions regarding this form, email auditmanagement@northernhealth.ca.

Note: Currently, the Privacy Office does not release audit results via email

