

Scheduling Software Audit Request Form

INFORMATION AND INSTRUCTIONS

For more information about this form or our privacy practices, contact the Privacy and Risk Team at privacy@otn.ca or call 1-855-654-0888/fax 905-819-4320

On completion of this form, please send to:

Ontario Telemedicine Network, 105 Moatfield Drive, Suite 1100, Toronto, Ontario M3B 0A2

Attention: Privacy and Risk Team

CONTACT INFORMATION

NAME OF ORGANIZATION _____

MAILING ADDRESS _____

CITY _____

PROVINCE _____

POSTAL CODE _____

FIRST NAME _____

LAST NAME _____

POSITION / ROLE OF REQUESTOR _____

EMAIL ADDRESS _____

I give OTN staff permission to conduct an audit of access our Scheduling Software for the period starting _____ and ending _____ for the following purpose:
DATE (DD/MM/YY) DATE (DD/MM/YY)

To review users' access to the Scheduling Software Audit Request Form. Please provide user Identification # _____.

To review a possible privacy incident. Please provide user identification # _____ and/or unique patient identification number # _____.

To support a patient request. Please provide user identification # _____ and/or unique patient identification number # _____.

SIGNATURE _____

PRINT NAME _____

DATE (DD/MM/YY) _____

FOR OTN STAFF USE ONLY

Date request received: _____
DATE (DD/MM/YY)

Request reviewed and approved by: _____

Date audit completed: _____
DATE (DD/MM/YY)

Audit completed by: _____

Date audit sent: _____
DATE (DD/MM/YY)

Audit sent method: _____

Tel: _____

Processed by: _____