

Use this form to request an Access Audit Log which is a detailed listing of individuals who have viewed your electronic health records, such as physicians, nurses, pharmacists, etc.

Requests may be submitted by **mail** to Alberta Health Services, Health Information Management, Disclosure Help Line, University of Alberta Hospital, Room 0E1.01, 8440 - 112 Street, NW, Edmonton, AB T6G 2B7 or **fax** toll free to **1.855.935.0646**. For questions on how to complete this form, contact Disclosure Help Line at 1.855.312.2265.

All submissions require a clear copy of valid identification (ID). Provide one of the following:

- One (1) piece of photo ID (eg: driver's license, passport, identification card), **or**
- Two (2) pieces of ID without a photo (eg: health care card, birth certificate, marriage certificate)

*Note: Alberta Health Services does not have access to Alberta Netcare audit logs. To request Netcare audit logs, contact Alberta Health at **780-422-5111** or visit their website at www.albertanetcare.ca/AuditLogs.

Patient Information <i>(Provide information about the individual who is the subject of the health information being requested.)</i>			
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss		Last Name	First Name
Date of Birth <i>(dd-Mon-yyyy)</i>		Personal Health Number	
Previous Names <i>(if applicable)</i>			
Requestor Information			
<input type="checkbox"/> Same as above		Last Name	First Name
Organization <i>(if applicable)</i>			
Mailing Address		City/Town	Province Postal Code
Telephone <i>(Business)</i>		Telephone <i>(Home)</i>	Fax Number
Email Address			
Request Information			
Type of Request			
<input type="checkbox"/> This is a request for my audit logs <i>(no fee required)</i> <input type="checkbox"/> This is a request for someone else's audit logs <i>(no fee required)</i>			
Proof of your authority to act on behalf of another individual who is the subject of the audit log or a valid written consent from the individual who is the subject of the audit log must be attached.			
Time Period			
What is the time period of the audit logs requested? If known, please provide specific start and end dates.			
Start Date <i>(dd-Mon-yyyy)</i>		End Date <i>(dd-Mon-yyyy)</i>	
Signature of Requestor		Date <i>(dd-Mon-yyyy)</i>	

Personal information on this form is collected under section 20 of the Health Information Act. AHS is collecting the personal health number as a custodian under Section 21(1) of the Health Information Act. If you have questions about the collection and use of any information on this form contact the Disclosure Help Line at 1.855.312.2265.