

**St. Joseph's General Hospital Elliot Lake
Medical Records Department
POLICY/PROCEDURE MANUAL**

Department:	Medical Records
Subject:	Request for Access/Correction Personal Health Information
Policy/Procedure Number:	MRD I-a-60
Distribution List:	Intranet
Approved By:	Mona Viel, Mgr/PCSS
Date Originated:	Apr 1996
Last Reviewed:	Feb 2016, Jan 2017, May 2018, July 2022
Date(s) Revised	Feb 2016, Jan 2017, May 2018, July 2022
Senior Manager's Signature:	Bruce M. Beakley, VP of HR Strategy & Transformation

POLICY

Under the Personal Health Information Protection Act (PHIPA), with limited exceptions listed in Section 52, patients have the right to access their Personal Health Information (PHI). Personal Health Records controlled by St. Joseph's General Hospital Elliot Lake (SJGHEL) will be accessed in accordance with legislated requirements under PHIPA and in accordance with the guidelines of the Hospital Privacy Toolkit, 2004 – Ontario Hospital Association.

The term “access” refers to access by patients or their Substitute Decision-Maker (SDM) to their PHI. SDMs will follow the same process to obtain access to the PHI as the patient. The SDM will be required to provide documentation of authority, e.g., Will, Power of Attorney for Personal Care.

Patients or their SDM requesting access to their chart during an admission will be directed to the Nursing Manager as nursing staff and allied health professionals do not have the authority to grant access.

Other access request:

- Hospital staff has the same access rights as patients and will follow the same procedures as patients to access their PHI.
- An estate trustee may request access to a deceased patient's PHI. SJGHEL must request documentation verifying their authority via photo identification (ID) such as a driver's licence, passport or other Government issued ID to ascertain that they are in fact the same person as who is listed as Executor to the Will presented. Sharing deceased patient's PHI without estate trustee consent is not permitted.
- A family member of a deceased individual may request the PHI of their deceased family member, if it is required to make decisions about his/her own health care or his/her children's health care according to section 38 (4)(c) of PHIPA

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In accordance with Section 54, (2-4) of the PHIPA, SJGHEL has 30 days to respond to requests for access and/or correction of PHI. Notification will be provided should an extension be required.

In accordance with Section 54, (10-11) of the PHIPA, SJGHEL is permitted to charge a reasonable recovery fee when providing access and/or copies of Personal Health Records. Refer to policy MRD I-a-70 Fee Schedule for Release of Personal Health Information.

SJGHEL is not responsible for copies of personal health records photocopied at the request of a patient/SDM. Copies will be stamped with “copy” prior to being released.

SJGHEL will ensure adherence to Section 55 (1) of the PHIPA which states that if an individual believes that their PHI is inaccurate or incomplete for the purposes for which the custodian has collected, uses or has used the information, the individual may request in writing that the custodian correct the record.

PROCEDURE

Contact Person and Form of Request

All requests for access to PHI are directed to the Medical Records Department. Requestor will be provided with a **Request for Access to Personal Health Record** Form (Form #4, Appendix A). The Medical Records Clerk will refer to the Process for Accessing a Personal Health Record Checklist (Appendix C).

Verify Requestor's Identity

Upon receipt of a completed **Request for Access to Personal Health Record** Form (Form #4, Appendix A) the Medical Records Clerk:

- Reviews the form and records relevant information electronically in the Meditech system and,
- Verifies the identity of the individual patient or authority of the SDM.

Oral Request by Patient/SDM	<input type="checkbox"/> Request photo identification if patient is not known <input type="checkbox"/> Validates requests by telephone
Written Request by Patient	<input type="checkbox"/> Ensure the information on the Request for Access to Personal Health Record Form matches the information on file for the patient <input type="checkbox"/> Ensure that a signature is included

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Written Request by SDM	<ul style="list-style-type: none"><input type="checkbox"/> Review information in the health record to validate that there is documentation that the requestor is a SDM<input type="checkbox"/> Request documentation if there is no information in the health record (e.g., Power of Attorney for Personal Care, Will, other legal documentation).<input type="checkbox"/> Verify if a parent requesting access to information for a minor child is the custodial parent and that they are entitled to access
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Fees for Providing Access

If fees are applicable, the Medical Records Clerk provides an estimate of these fees **in advance** and obtains agreement from the patient/SDM in relation to the fee estimate. Refer to policy MRD I-a-70 Fee Schedule for Release of Personal Health Information.

The Privacy Officer may waive the payment of all or part of the fee that an individual is required to pay if, in the hospital's opinion, it is fair and equitable to do so as defined under Section 54 (12) of PHIPA.

Viewing of Personal Health Record

The Medical Records Clerk will forward the **Request for Access to Personal Health Record** Form (Form #4, Appendix A) to the Chief Nursing Executive/Director of Clinical Services (CNE/DCS) when viewing of a chart is requested. The CNE/DCS will make the necessary arrangements with the patient/SDM and address questions, interpretation of medical terms or abbreviations used in the record during the review.

Requestor will be informed by the Medical Records Clerk that:

- viewing (access) does not include the provisions of copies,
- they may not alter, deface, or remove any of the PHI from the record and
- request for corrections to a Medical Record can be submitted to the Medical Records Clerk (Form #5, Appendix B).

Provide Notice of Refusal

If the request to access PHI is denied, in whole or in part, the Medical Records Clerk will consult with the Privacy Officer regarding written notification. The notice from the Privacy Officer will indicate:

- that the request has been refused,
- reasons for the refusal, where appropriate,
- contact information for SJGHEL's Privacy Officer; and
- contact information for the Information and Privacy Commissioner and information on how to place a complaint.

Frivolous or Vexatious Request

Should there be reason to believe on reasonable grounds that a request for access/correction to a record of PHI is frivolous, vexatious, or is made in bad faith; SJGHEL may refuse to grant the individual access to the requested record (Section 54, subsection 6). The Medical Records Clerk will review these types of requests with the Manager prior to contacting the requestor.

Restrictions/Exceptions

Restrictions/Exceptions to PHI may include information that:

- is prohibitively costly to provide,
- contains references to other individuals,
- cannot be disclosed for legal, security, commercial proprietary reasons, or
- subject to solicitor-client or litigation privilege.

When a restriction exists, the requestor has the right to access the PHI that is not related to the restriction/exception. In such instances, the Medical Records Clerk separates the restricted information from the rest of the record and provides access to the remaining information.

Safety of the Patient or the Public

If areas of concern are noted in the medical record that may jeopardize the safety of the patient or the public, the Medical Records Clerk will consult with the CNE/DCS or designate prior to granting access.

Provide Notice of Extension (if needed)

If the request for access cannot be completed within 30 days, the Medical Records Clerk will provide written notice of an extension to the requestor. The notice will indicate:

- that an extension is required,
- reasons for the extension, where appropriate,
- the date by which a response will be provided,
- contact information for SJGHEL's Privacy Officer and
- contact information for the Information and Privacy Commissioner and information on how to place a complaint.

Release of Personal Health Information

All copies released to the requestor will be stamped "copy". Once copies of personal health information are released, the Medical Records Clerk will explain that SJGHEL is no longer responsible for maintaining the confidentiality of the copied information.

A copy of the electronic log and original **Request for Access to Personal Health Record Form (Form #4, Appendix A)** will be filed in the patient's medical record.

Correction to Personal Health Information

SJGHEL will correct personal health record information if it is demonstrated, to the satisfaction of the Manager, Medical Records that the record is not correct or complete for the purpose for which we collect, use, or disclose the information. Provided such corrections do not pertain to information that we are not permitted to alter (e.g., documentation by health care providers, test results, etc.).

Requestor will be provided with a **Request for Correction to Personal Health Information** Form (Form #5, Appendix B).

If the requestor is not satisfied with SJGHEL response, the requestor will be provided with the following contact information:

Privacy Officer

Phone: 705-848-7181 ext. 2441

Email: privacy@sjgh.ca

Information and Privacy Commissioner of Ontario

2 Bloor Street East, Suite 1400

Toronto, Ontario

M4 W 1A8

Phone/Fax

Toronto Area: 416-326-3333

Toll Free: 1-800-387-0073

Fax: 416-325-9195

Email: info@ipc.on.ca

Request for Access/Correction Relating to Shared Systems

Refer to Appendix D on how to respond to requests for access/correction residing in a shared system.

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Definitions

1. Personal Health Information Protection Act (PHIPA)	PHIPA is Ontario's health- specific privacy legislation which came into force on November 1, 2004. PHIPA governs the manner in which personal health information may be collected, used and disclosed within the health sector.
2. Substitute Decision Maker (SDM)	The Health Care Consent Act defines a SDM as a person who is authorized under section 20 to give or refuse consent to a treatment on behalf of a person who is incapable with respect to the treatment.
3. Personal Health Information (PHI)	<p>Personal health information is identifying information about an individual in oral or recorded form, if the information:</p> <ul style="list-style-type: none"> a) Relates to the physical or mental health of the individual, including information that consists of the health history of the individual's family, b) Relates to the provision of health care to the individual, including the identification of a person as a provider of health care to the individual, c) Is a plan of service within the meaning of the Home Care and Community Services Act, 1994 for the individual, d) Relates to payments or eligibility for health care, eligibility for coverage for health care, in respect of the individual, e) Relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part or bodily substance, f) Is the individual's health number or, g) Identifies an individual's substitute decision-maker.
4. Privacy	The right of individuals to determine for themselves when, how and to what extent PHI about them is communicated, and to be secure from unauthorized use or disclosure.
5. Custodian	A person or organization listed in PHIPA that, as a result of his/her or its power or duties or work set out in PHIPA, has custody or control of PHI.
6. Shared System	An electronic patient information system that holds personal health information that originates from more than one health information custodian.

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References:	Personal Health Information Protection Act 2004, Hospital Privacy Toolkit, 2004 – OHA, e-health Ontario
Reviewed in consultation with:	Pierre Ozolins, CEO, Medical Records Staff, Connie Free, CNE/DCS, Leslie Chambers, Suzette Van Kessel, Nursing Managers, Anja Martin, Clinical Educator, Julie Lambert, Physio, Bruce Beakley, VP HR
Policy Credits (author?):	M. Viel, Manager PCSS
Corresponding Policies:	
Corresponding Form Numbers:	Appendix “A” and “B” attached - Request for Access to Personal Health Record – Form #4 & Request for Correction to Personal Health Record – Form #5
Path and/or File Name:	Z:\Human Resources\Clinical Support Services\Forms\Medical Records Forms\Request for Access Correction Personal Health Information MRD I-a-60 July 2022.docx

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Appendix A – Request Access to Personal Health Record Form – #4

<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: small; margin: 0;">ST. JOSEPH'S GENERAL HOSPITAL ELLIOT LAKE</p> <p style="font-size: x-small; margin: 0;">Medical Records Department, St. Joseph's General Hospital 70 Spine Road, Elliot Lake, ON, P5A 1X2</p> <p align="right" style="font-size: x-small; margin: 0;">Complete form and forward to: Medical Records Department, St. Joseph's General Hospital 70 Spine Road, Elliot Lake, ON, P5A 1X2</p> <p align="center">Request for Access to Personal Health Record</p> <p style="font-size: x-small; margin: 0;">Information & Instructions: We will provide you with access to your personal health records unless a legal exception applies. We will review all health records access requests and will make every effort to respond to your request in a timely fashion. Please complete parts A and B of this form. Part C is for our internal use.</p> <p>Part A: Requestor Information</p> <p>Last Name _____ First Name _____ Initials _____</p> <p>Address _____</p> <p>Telephone Number _____ Date of Birth _____ QA# _____</p> <p>If you are a substitute decision-maker, your contact information:</p> <p>Last Name _____ First Name _____ Initials _____</p> <p>Address _____</p> <p>Telephone Number _____ Relation to Patient _____</p> <p><input type="checkbox"/> Identification Verified</p> <p>Documentation provided to confirm substitute decision-maker authority: <input type="radio"/> Will <input type="radio"/> Power of Attorney <input type="radio"/> Other _____</p> <p>Part B: Access Request</p> <p>1. Describe what you need and include details that will help us locate the record (e.g., dates, name of healthcare provider, etc.). _____ _____ _____</p> <p align="right" style="font-size: x-small; margin: 0;">Form #4 REV 12 July 2022 Request for Access for Personal Health Information</p> </div>	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: small; margin: 0;">ST. JOSEPH'S GENERAL HOSPITAL ELLIOT LAKE</p> <p style="font-size: x-small; margin: 0;">Medical Records Department, St. Joseph's General Hospital 70 Spine Road, Elliot Lake, ON, P5A 1X2</p> <p align="right" style="font-size: x-small; margin: 0;">Complete form and forward to: Medical Records Department, St. Joseph's General Hospital 70 Spine Road, Elliot Lake, ON, P5A 1X2</p> <p>2. How would you prefer to access this information: <input type="radio"/> Receive a hard copy of the records <input type="radio"/> View the original records in the facility <input type="radio"/> View the original records and select hard copies</p> <p>Patient/SDM Signature _____ Name(print) _____ Date _____</p> <div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;"> <p>Part C: Response to Access Request (For Internal Use Only)</p> <p>1. Information Regarding Receipt and Initial Review of Request</p> <p>Date Request Received: _____</p> <p>2. Information Regarding Response</p> <p>Date Response Issued: _____</p> <p><input type="radio"/> Access request granted <input type="radio"/> Access request not granted <input type="radio"/> Access request granted in part</p> <p>If complete access request was not granted, reason for refusing/not completing the request, or part of the request: _____ _____</p> <p>3. Information regarding Extension</p> <p>If an extension to the access request response was required, please indicate:</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Date of Extension</th> <th>Reason for Extension</th> <th>Date Patient Notified</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>4. Request processed by:</p> <p>Signature _____ Name(print) _____ Date _____</p> <p align="right" style="font-size: x-small; margin: 0;">Form #4 REV 12 July 2022 Request for Access for Personal Health Information</p> </div> </div>	Date of Extension	Reason for Extension	Date Patient Notified			
Date of Extension	Reason for Extension	Date Patient Notified					

Appendix B – Correction to Personal Health Information Form – #5

<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: small; margin: 0;">ST. JOSEPH'S GENERAL HOSPITAL ELLIOT LAKE</p> <p style="font-size: x-small; margin: 0;">Medical Records Department, St. Joseph's General Hospital 70 Spine Road, Elliot Lake, ON, P5A 1X2</p> <p align="right" style="font-size: x-small; margin: 0;">Complete form and forward to: Medical Records Department, St. Joseph's General Hospital 70 Spine Road, Elliot Lake, ON, P5A 1X2</p> <p align="center">Request for Correction to Personal Health Information</p> <p style="font-size: x-small; margin: 0;">Information & Instructions: We will correct health information if it is demonstrated to our satisfaction that the record is not correct or complete, for the purpose for which we collect, use, or disclose the information. We will make every effort to respond to your request in a timely fashion. Please complete parts A and B. Part C is for our internal use.</p> <p>Part A: Requestor Information</p> <p>Last Name _____ First Name _____ Initials _____</p> <p>Address _____</p> <p>Telephone Number _____ Date of Birth _____ QA# _____</p> <p>If you are a substitute decision-maker, your contact information:</p> <p>Last Name _____ First Name _____ Initials _____</p> <p>Address _____</p> <p>Telephone Number _____ Relation to Patient _____</p> <p><input type="checkbox"/> Identification Verified</p> <p>Documentation provided to confirm substitute decision-maker authority: <input type="radio"/> Will <input type="radio"/> Power of Attorney <input type="radio"/> Other _____</p> <p>Part B: Correction Request</p> <p>1. List or attach the correction requested, with reasons for the correction.</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Requested Correction</th> <th>Reason for Correction</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table> <p align="right" style="font-size: x-small; margin: 0;">Form #5 REV 12 July 2022 Request for Correction to Personal Health Information</p> </div>	Requested Correction	Reason for Correction			<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: small; margin: 0;">ST. JOSEPH'S GENERAL HOSPITAL ELLIOT LAKE</p> <p style="font-size: x-small; margin: 0;">Medical Records Department, St. Joseph's General Hospital 70 Spine Road, Elliot Lake, ON, P5A 1X2</p> <p align="right" style="font-size: x-small; margin: 0;">Complete form and forward to: Medical Records Department, St. Joseph's General Hospital 70 Spine Road, Elliot Lake, ON, P5A 1X2</p> <p>2. How do you wish to receive notice of the correction: <input type="radio"/> In Writing <input type="radio"/> By Phone</p> <p>3. Would you like us to give notice of the correction to others to whom we have disclosed the incorrect information? (We will only do so if this notice will affect your health care or otherwise benefit you). <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p> <div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;"> <p>Part C: Correction Request Response (For Internal Use Only)</p> <p><input type="radio"/> Correction made <input type="radio"/> Correction not made <input type="radio"/> Refusal letter (with letter) sent <input type="radio"/> Statement of Disagreement attached to record <input type="radio"/> Date of Response _____</p> <p>1. List names, contact information and comments of any individuals consulted:</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Name(s):</th> <th>Contact Information:</th> <th>Comments:</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>2. If correction was not made, choose appropriate reason from below:</p> <p><input type="radio"/> The patient/SDM has not given the information needed to make the correction <input type="radio"/> The information forms part of the professional opinion or observation which was made in good faith <input type="radio"/> The information was not made by this clinician/institution <input type="radio"/> We believe that the request for correction is frivolous, vexatious, or made in bad faith <input type="radio"/> The patient or SDM has failed to demonstrate that the record is not correct or complete</p> <p>3. If an extension to the correction request response was required, please indicate:</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Date of Extension</th> <th>Reason for Extension</th> <th>Date Patient Notified of Extension</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>4. Notice of correction provided to others to whom incorrect information was disclosed.</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Name(s):</th> <th>Contact Information:</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table> <p>5. Request processed by:</p> <p>Signature _____ Name(print) _____ Date _____</p> <p align="right" style="font-size: x-small; margin: 0;">Form #5 REV 12 July 2022 Request for Correction to Personal Health Information</p> </div> </div>	Name(s):	Contact Information:	Comments:				Date of Extension	Reason for Extension	Date Patient Notified of Extension				Name(s):	Contact Information:		
Requested Correction	Reason for Correction																				
Name(s):	Contact Information:	Comments:																			
Date of Extension	Reason for Extension	Date Patient Notified of Extension																			
Name(s):	Contact Information:																				

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Appendix C – Checklist for Accessing a Personal Health Record



ST. JOSEPH'S
GENERAL HOSPITAL
ELLIOT LAKE

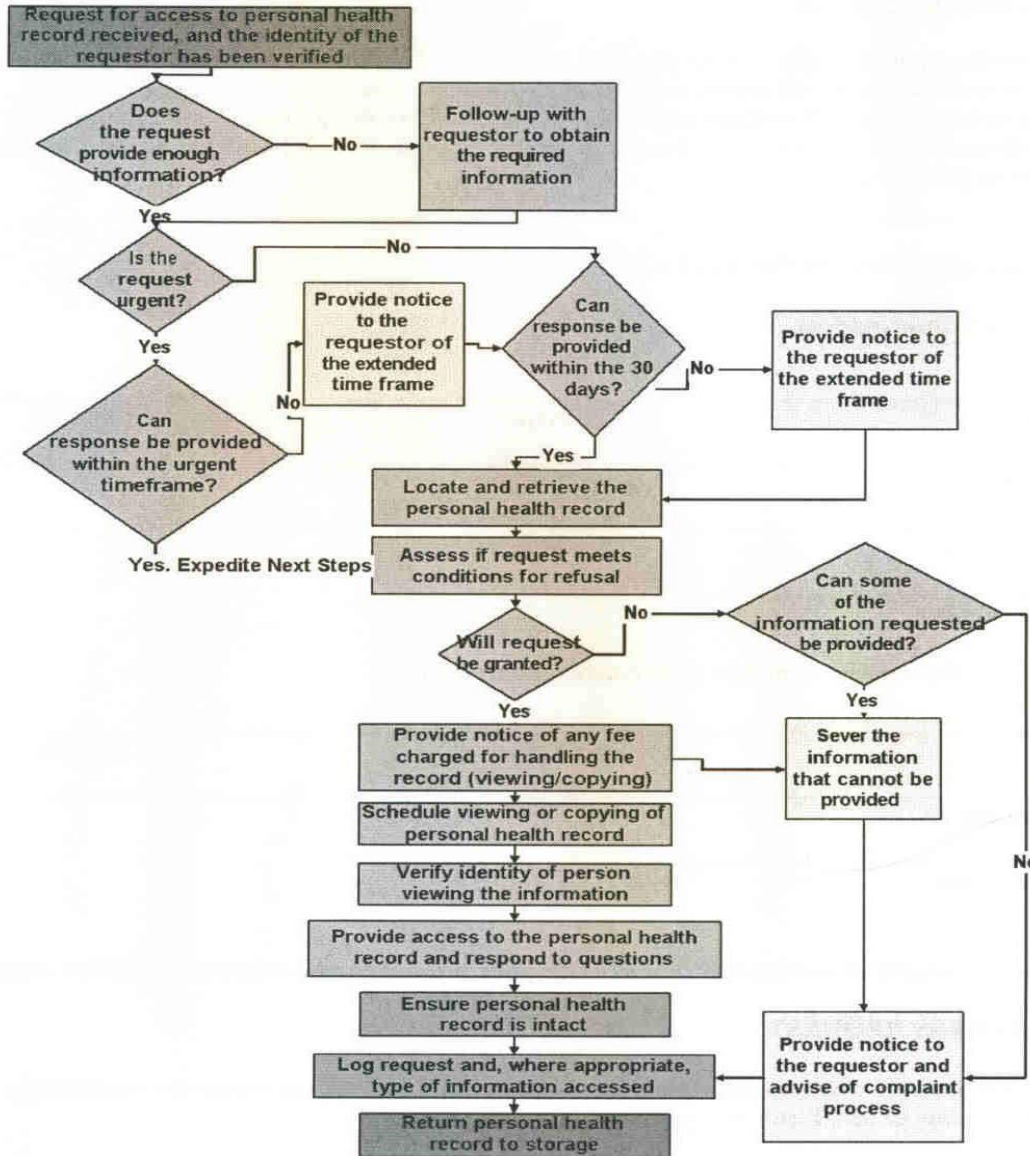
Process for Accessing a Personal Health Record Checklist

- Give the requestor Form #4, *Request for Access to Personal Health Record* to request access to personal health record (in whole or part) or inform them of what to include in a written request. An oral request may also be accepted.
- Verify the identity of the requestor.
- Once you have the request, make sure you have enough information and any required payment to allow you to find the health record. If you need more information, follow up with the requestor.
- Fee estimates should be provided and agreed upon in advance. If payment is required, ensure the fee is included, otherwise follow up. Waiving of fees must be approved by the Manager.
- Decide if there is any reason to refuse access to the health record (in whole or part).
- If the health record cannot be located, record the response in **Part C, 2.** of **Form #4**, provide a copy to the requestor.
- Assess if the request for access is urgent (required in fewer than 30 days of initial request). Expedite request if the requestor can show that the need is urgent, and you have enough time to respond. If you cannot meet the time frame requested, advise the requestor.
- Assess if the request for access can be provided within 30 days of receipt of the request. If an extension is needed, provide a record the extension in **Part C, 3.** of **Form #4** and give a copy to the requestor. The length of the extension must not exceed 30 days and is only permitted in certain circumstances.
- If access is denied, provide a record the reasoning in **Part C, 2.** of **Form #4** and provide a copy to the requestor. Ensure the reasoning reflects the appropriate response (refer to Hospital Privacy Toolkit, 2004 for guidance if required).
- Retrieve the health record.
- Provide a copy of the health record or schedule a convenient time for the requestor to look at the requested health record (or copy) in a designated area.
- Ensure you verify the identity of the requestor who come in to examine the health record.
- Ensure the health record remains secure. Information in the health record should not be removed, changed, or otherwise tampered with. Forward request for viewing to the CNE/DCS, they are responsible for addressing questions about medical terms or abbreviations.
- Verify the health record is intact and return the health record to its filing location as needed.
- Document all requests, extensions, accesses, and refusals to access the health record electronically.

Guidelines from the Hospital Privacy Tool Kit - OHA

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Appendix C (Con't) – Access Process Map



Appendix D – Request for Access/Correction Relating to a Shared System

Shared System	Guidance for Request for Access
<p>Connecting Ontario Viewer (Provincial Electronic Health Record “EHR”)</p>	<p>If SJGHEL receives an access request:</p> <ol style="list-style-type: none"> 1. Respond to the request if it relates to PHI that SJGHEL contributed or collected. 2. If the PHI did not originate from SJGHEL, refer the requestor to eHealth Ontario’s Business Service Desk at 1-866-250-1554. <p>If eHealth Ontario receives an access request:</p> <ol style="list-style-type: none"> 1. If the access request relates only to information that SJGHEL has contributed, eHealth Ontario will forward the request to SJGHEL. Please respond directly to the requestor. 2. If the request relates to multiple HICs, eHealth Ontario will facilitate communication with the involved hospitals and coordinate the response to the individual. 3. eHealth Ontario will fulfill requests for access to logs and respond to the requestor directly. <p>Refer to eHealth Ontario’s Electronic Health Record Request for Access to Personal Health Information Policy. https://ehealthontario.on.ca/files/public/support/EHR_Request_for_Access_to_PHI_in_the_EHR_Policy_EN.pdf?v20201015</p>
<p>Electronic Children’s Health Network (eCHN)</p>	<p>Refer the requestor to contact eCHN for any requests for access to information contributed to this system</p>
<p>Integrated Assessment Record (IAR)</p>	<p>Refer to Community Care Information Management’s (CCIM) policy for requests for access to information contributed to the IAR.</p>
<p>Physician Office Integration (POI) / Health Report Manager (HRM)</p>	<p>Refer to HINP POI Supporting Client Rights Policy. Contact SJGHEL Privacy Officer to obtain this document</p>

(mv)