

HEALTH RECORD SERVICES

REQUEST FOR RETRIEVAL / ACCESS TO VIEW PATIENT HEALTH RECORDS FORM

THIS FORM IS TO BE USED WHEN REQUESTING ACCESS TO PATIENT / RESIDENT CHARTS FOR REVIEW PURPOSES.  
FOR ALL CHART RETRIEVAL REQUESTS, WE REQUEST A MINIMUM OF 5 DAYS NOTICE.

1. **REASON FOR REQUEST:**

- Publication
- Quality Improvement Project
- \*Research Study: Research Services Reference/RISE #: \_\_\_\_\_  
Title of Research Project: \_\_\_\_\_  
**\*Please attach a copy of your Certificate of Final Approval from Ethics**
- Rounds
- Undergraduate Research Project (MSc / PhD Thesis or Equivalent)
- Other (please specify): \_\_\_\_\_

2. **SERVICES REQUIRED FROM HEALTH RECORD SERVICES:**

- Generate patient / resident list
- \*\*Chart retrieval: Number of Charts: \_\_\_\_\_  
**\*\* Please attach your list of charts, or forms required from each chart**

3. **INVOICING DETAILS:**

Invoicing for chart retrieval costs will take place at the end of the project or end of each fiscal period.

Statement of Charges to be sent to (Cost Centre / Research Account Number): \_\_\_\_\_

Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address: \_\_\_\_\_

4. **CHARGES FOR HEALTH RECORD SERVICES (FUNDED PROJECTS):**

\$ 50.00	Development of patient / resident list
\$ 80.00	Basic Search & Photocopying fee (first six pages)
\$ 25.00	Administrative Fee per project (one time fee)
\$ 20.00 per chart	Off-site chart retrieval and re-filing of chart
\$ 5.00 per chart	On-Site chart retrieval and re-filing of chart
\$ 5.00 per chart	Electronic set up of patient chart in SCM or ChartView
\$ 5.00 per chart	Re-assembly of chart (if chart returned out of order)
\$ 1.00 per page	Photocopy (after first six pages)

5. **LENGTH OF TIME CHARTS WILL BE HELD**

Patient charts will be held for 14 days following retrieval. After such time, patient charts will be re-filed.  
**(Note: The above charges apply to requests for re-filed charts.)**

6. **DETAILS OF REQUEST:**

Please indicate site(s) from which charts are required:

Holy Family       Mount Saint Joseph       St. Paul's       St. Vincent's

Expected start date for chart review: \_\_\_\_\_

Time Period charts required: Discharges from \_\_\_\_\_ to \_\_\_\_\_

Name of Person reviewing charts: \_\_\_\_\_ Tel. No. \_\_\_\_\_

7. **SUMMARY:**

**(Hypothesis/objectives/question to be answered. Skip Summary if pre-approved by Research Services.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **APPLICANT INFORMATION:**

Principal Investigator: \_\_\_\_\_ , \_\_\_\_\_  
Last Name (capitalized) First Name

Address for Correspondence: \_\_\_\_\_  
\_\_\_\_\_

Tel. No.: \_\_\_\_\_ Email: \_\_\_\_\_

**CONFIDENTIALITY STATEMENT**

Information contained in the health record is confidential. The chart review applicant is responsible for maintaining the security and confidentiality of the health record while in his / her possession. To that end, the applicant must ensure that the health record is not used in any way that could identify a particular patient / resident without the specific authorization of that patient / resident.

By signing below, the chart review applicant affirms that he / she will not use the chart information to contact the patient / resident, will safeguard the privacy of the patient / resident by ensuring access is only for this approved purpose, and will destroy by shredding or cause to be destroyed by shredding any photocopies made of charts reviewed.

Applicant Name: \_\_\_\_\_ Dept. Head Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Dept. Head Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**Once completed, please send forms to Manager – Records Management at St. Paul's Hospital.  
Rm 206-1080 Howe Street, Vancouver, BC V6Z 2T1 Fax: 604-806-9006**

**Office Use Only**

Request Status:  Approved       Rejected  
Funded Research:  Yes       No

Manager – Records Management: \_\_\_\_\_

Date: \_\_\_\_\_