**Please complete if access to medical records is required (Item 3.7 on QA Application Form)**

Project Short Title

# HIS Services and Charges

1. All patient notes from the 15 Nov 2015 are on ECM/Epic
2. For paper records retrieval prior to 15 Nov 2015 (cost centre must be provided)

* $3 per paper medical record retrieval (first 50, no charge)
* No charge for viewing medical record notes on ECM/EMR

1. To request paper medical records, email list of UR numbers to RMH - HIS Special Requests, [SpecialRequests@mh.org.au](mailto:SpecialRequests@mh.org.au)

# Conditions for viewing Paper Medical Records

1. Records must be viewed in the HIS department unless otherwise approved by a HIS manager
2. 48 hours’ notice required to retrieve records
3. Records must be released for clinical care at any time
4. Records are available to view for 7 days only (extra time can be requested if required)
5. A maximum of 20 records can be viewed at any one time

# Details of this Project:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Principal Investigator: | | |  | | | | |
| Number of records to be reviewed: | | |  | | | | |
| Select one of the following: | Epic/ECM Only  Paper Medical Records Only  EMR/ECM & Paper Medical Records | | | | | | |
| Date of expected commencement of QA study: | |  | | | | Date of expected completion of QA study: |  |
| Is any other assistance required from HIS for this study? | | | |  | | | |
| Names of RMH staff reviewing records: | | | |  | | | |
| Cost Centre for funds transfer **OR**  Contact Name and billing address for external invoices | | | | |  | | |

|  |  |
| --- | --- |
| Based on the above information the quotation for this study is: |  |

# HIS Approval

|  |  |
| --- | --- |
| HIS Operations Manager: |  |
| Signature: |  |
| Date: |  |

This form will not be accepted unless signed by the HIS Manager

# Investigator Certification

* I accept the charges and conditions as specified above
* I approve Cost Centre funds transfer to MRM-P0202-61905

|  |  |
| --- | --- |
| Investigator Name: |  |
| Signature: |  |
| Date: |  |