

APPENDIX B – AUDIT REQUEST FORM

Date of request		
Type of audit request	<input type="checkbox"/>	Quarterly Audit
	<input type="checkbox"/>	Client request
	<input type="checkbox"/>	Trigger Event (please specify)
Name and role of the person requesting audit		

TO BE COMPLETED BY DMC (quarterly and trigger audits)		
User Audit	NOD user to be audited	
	Role/Position	
	NOD username	
	Date Rang for Audit	
Client Audit	Client chart number to be audited	
High Risk Charts	Clients with positive HIV diagnosis	
	Clients with the same last name as staff	
	Masked charts	
	Deceased client charts	
	Charts access more than 20 times in the last quarter	
Trigger events	Charts or user to be audited to be determined on a case by case basis	

TO BE COMPLETED BY PRIVACY OFFICER OR DESIGNATE	
Audit run date:	
Logged in tracking sheet:	
Report interpreted by:	

Received and Filed by ED:	(signature)
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