

Message Data Request Form

Please read the instructions carefully and include as much detail as possible so our team can best assist you. This form needs sign-off from **two** authorized people of the organization: one clinical leader, and one from the privacy department. Do not include personal/private health information (PHI) in any of the fields. Please refer to the data retention agreement your organization has with Hypercare and keep in mind that requests take at least 2 business days to process. Note that any message data older than the duration of the data retention policy will not be retrievable with the exception of metadata (timestamps). The request should be as narrow as possible in order to fulfill your needs. For more information, please refer to the [Customer Data Request Policy](#).

Reason for request

(e.g. critical incident debrief, patient complaint, quality assurance activities)

Details of request

These details should include at minimum: affected users, specific date and time of messages/events, whether metadata and/or message data is required.

Will you inform the affected user(s) that their data has been accessed? Yes No



We, the undersigned, have the authority to make this data request and to handle any PHI therein on behalf of our organization. We attest that this request is for legitimate clinical, business, privacy, or security purposes, and that all other avenues to obtain the information (e.g. requesting it from the user(s) directly) are not available or feasible. We will oblige to any applicable privacy and security laws within our jurisdiction with respect to handling personal data and personal/private health information.

Signature of requester

Signature of witness

Name of requester (print)

Name of witness (print)

Title

Title

Organization

Organization

Date

Date