

Message Data Request Form (Full Contents)

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](#).

Please email the signed form to support@hypercare.com for processing. **Requests take at least 2 business days to process.**

Reason for request

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

Affected users

Full name of affected user(s) and email(s) associated to their Hypercare account.

Date and time range of message content being requested

Type of message content being requested

Select one option below.

- ☐ Messages exchanged between the Affected Users in private (i.e. individual/one-on-one) chats
- ☐ Any messages exchanged by the Affected User(s), including individual and groups chats that include other Hypercare Users not indicated as an Affected User

Other details of the request

Name(s) and email address(es) the requested Message Content should be sent to

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 comply with any applicable privacy and security laws within our jurisdiction with respect to handling personal data and personal/private health information.

Clinical Leader Signatory

Signature

Name

Title

Organization

Date

Privacy Department Signatory

Signature

Name

Title

Organization

Date