

## EXPORT TO EXCEL

Request the ability to export data from Stored Queries into an Excel format

Please send the completed form and any required attachments to [EMRStandardOrders@vch.ca](mailto:EMRStandardOrders@vch.ca)

### REQUESTER INFORMATION

*All fields are mandatory*

Date Submitted (dd-mmm-yyyy):

Requester Name:

POS Name:

Requester Role:

Contact (Phone or Email):

Approved By:

*(Name of Manager/Delegate)*

### STANDARD ORDER INFORMATION

*All fields are mandatory*

Requester Username:

**These will be reviewed by Clinical Informatics and Privacy for the approval process.**

Confirm your employment (health authority and position):

Please describe the use of the report. The client specific details on the printout would be (list fields on the report):

Will this be provided to additional staff, and if so, is this required to provide appropriate client care?

Yes

No

If yes, list the staff roles:

I acknowledge that the report is shredded when it is no longer in need.

I acknowledge

***Read and complete the Terms of Use on the following pages.***

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### STANDARD ORDER INFORMATION (CONTINUED)

*Reviewing, understanding and acknowledgment is mandatory*

#### REVIEW AND ACKNOWLEDGE THE TERMS OF USE:

1. I will only access, use and disclose (where permitted) the minimal amount of "personal information" as defined in [BC's Freedom of Information and Protection of Privacy Act \(FIPPA\)](#), within Profile EMR LIVE (the System) as necessary to perform my duties for Vancouver Coastal Health (VCH), Providence Health Care Society (PHC), or Provincial Health Services Authority (PHSA). More specifically:
  - a. I will only be accessing client names I am providing care to.
  - b. I will make reasonable efforts to only access other health organizations' clients if they are also clients of my health organization or when authorized by the other health organization(s).
  - c. I will not retrieve personal identifiers (such as client/next of kin/ other contact name, detailed address including six digit postal code, PHN, and full date of birth) from the System unless necessary.
  - d. I will ensure that information retrieved from the System will always be stored on a secure health authority network drive ( and not stored on a local drive, removable media, laptop or external party drive, unless specifically authorized) with access limited to those with a "need to know".
  - e. I will destroy information retrieved from the System in a secure manner or render it non-identifying when it is no longer reasonably required for legal or business purposes.
2. I will not access my own record or those of my family, friends, or others, unless they fall within a dataset that I am working on to perform my duties.
3. I will not use or disclose information obtained through the System for research purposes, unless officially authorized by VCH/PHC/PHSA, as applicable, and done in accordance with applicable policies.
4. I will not disclose my passwords to others or allow others to use my account.

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### STANDARD ORDER INFORMATION (CONTINUED)

*Reviewing, understanding and acknowledgment is mandatory*

#### REVIEW AND ACKNOWLEDGE THE TERMS OF USE (CONTINUED) :

5. If at any time I suspect or confirm a privacy breach, I will immediately notify my organization's Privacy Office.
6. I will comply with all applicable computer information system usage, privacy and other policies and applicable laws, including [BC's Freedom of Information and Protection of Privacy Act \(FIPPA\)](#).
7. I acknowledge that my use of the System will be monitored and recorded in an audit log, which is reviewed regularly to ensure compliance with this Terms of Use.
8. I will comply with these Terms of Use in respect of information obtained through the System whether in electronic or printed form.
9. I acknowledge that failure to comply with these Terms of Use may lead to disciplinary action, including revocation of access privileges, professional sanctions, suspension, or termination of employment or services.

***I have read, understood, and agree to comply with all Terms of Use listed for the Export to Excel functionality in Profile EMR LIVE***

*If you have any questions or concerns about these conditions, feel free to reach out before submitting the request.*