Primary Healthcare Panel Report: Delegate Access Form (Provider Report)



For a delegate to receive access to a *Primary Healthcare Panel Report* of a care provider (a family physician, nurse practitioner or pediatrician), all of the following information must be provided. A unique form must be filled out for each provider **annually**. This form must be accompanied by an online request at request.hqca.ca.

Part A - Delega	te Information					
First Name:			Last Name:		Role:	
Email Address:					Phone:	
Part B – Provid	ler Information					
First Name:			Last Name:		Phone:	
Prac ID:	-	08	Email Address:			
Part C – Type	of Report					
	Physician Pro	xy Panel Re	port			
proxy panel is an e which provider – fi	estimate of a provice rom all those seen b	der's active par y a patient – is	nel, based on the pattern of fa most likely to be the patient's	mily care provider billing main family care provide	ce the HQCA to estimate the provider's panel. The HQCA claims over a three-year period. The algorithm predicts r. ca) and ii) this signed delegate form.	
			ent List Report			
of patients who a If the provider yo the HQCA receive CPL with Patient I If the provider yo request (visit req	ou represent has no es: i) an online repo Health Numbers (PH ou represent has sign uest.hqca.ca), ii) thi	der is their mai t signed an Inf rt request (visi INs). ned an ISA with s signed delega	n family care provider. ormation Sharing Agreement (I t request.hqca.ca), ii) this signe the HQCA, then you will receive the form, and iii) a CPL with PHN	ISA) with the HQCA, thered delegate form, iii) a cover access to the provider-	n you will receive access to the provider-level report who impleted ISA for the provider (one-time process), and it level report when the HQCA receives: i) an online report in be used to generate the CPL report.	en) a
this signed delega	ate form.		, ,	then you will receive acce	ess to the provider-level report when the HQCA receives	
•	weeks to generate a					
Select the PCN the	e provider currently	belongs to or	select 'No PCN' if the provider i	is not a member of a PCN	. This will serve as the comparator in the report.	
Part E – Autho By signing belo Information.		s to my con	fidential Primary Healtho	care Panel Report to	o the person named in Part A – Delegate	
Provider Signat	ture:			Da	te:	

Please email the completed form to primaryhealthcarereports@hqca.ca

Delegate Access Forms are required annually.