

This document is to be used to request data from the AlayaCare program.

Complete all ***required*** and any other pertinent fields in the form below. The form is to be emailed to homecaresolution@ihis.org. Enter "DATA REQUEST" in the subject line. A member of the Home Care Solution Team will be in contact with you for any clarifications they may require. If you need assistance in completing the form, please contact the Home Care Solution office at the email address listed above.

| | | |
|---|------------|---------|
| *Date of Request: | | |
| *Requested By: | | |
| *Who is the Report for? And why? Internal/External eg: Accreditation, Minister, HPEI, ELT, Department of Health and Wellness, Program Planning and Clinical Decision Making | | |
| *Type of Data Requested: | | |
| *Home Care Leadership Approval: (Director/Manager) | Signature: | Date: |
| *Date Data Required: | | |
| *Urgency Level: | | |
| *Are there any known risks associated with implementing/not implementing the request? | Yes | No |
| If yes, add detail | | |
| *Describe your Request: Include the following if appropriate; What do you want to achieve? What are the outcomes? Consider such things as standardization of data collection. Benefits of the Request? Are there other known impacted stakeholders? NOTE: Attach Supporting Documents if appropriate. | | |
| | | |
| FOR HCISO USE ONLY | Date | Comment |
| Escalated to AlayaCare, HIU, Privacy | | |
| Denied | | |
| Approved | | |