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



For a delegate to receive access to a physician's *Primary Healthcare Panel Report*, all of the following information must be provided. A unique form must be filled out for each physician **annually**. This form must be accompanied by an online request at request.hgca.ca.

Part A - Delega	te Informatio	<u>on</u>			
First Name:		L	ast Name:		Role:
Email Address:					Phone:
Part B – Physic	ian Informatio	<u>on</u>			
First Name:		L	ast Name:		Phone:
Prac ID:	-	08 E	Email Address:		
Part C – Type	of Report				
Physician Proxy Panel Report					
proxy panel is an e	stimate of a physi	ician's active panel, b	•	y physician billing claims	e the HQCA to estimate the physician's panel. The HQCA s over a three-year period. The algorithm predicts which
You will receive ac	cess to the report	when the HQCA rece	eives: i) an online report requ	uest (visit request.hqca.o	ca) and ii) this signed delegate form.
	Physician Co	onfirmed Patient	: List Report		
		n you represent has a physician is their mai		. This means that the ph	nysician has undergone a paneling process to produce a
the HQCA receive	-	port request (visit red		•	you will receive access to the physician-level report when npleted ISA for the physician (one-time process), and iv) a
If the physician you represent has signed an ISA with the HQCA, then you will receive access to the physician-level report when the HQCA receives: i) an online report request (visit request.hqca.ca), ii) this signed delegate form, and iii) a CPL with PHNs.					
Physicians participating in CII/CPAR do not need to submit an ISA nor CPL with PHNs. The CII/CPAR list can be used to generate the CPL report.					
If you are requesting access to a report that has already been generated this year, then you will receive access to the physician-level report when the HQCA receives this signed delegate form.					
Reports take two	weeks to generat	e after all informatio	n is received.		
Part D – Your	Primary Care	Network (PCN)			
Select the PCN th	e physician currer	ntly belongs to or sele	ect 'No PCN' if the physician i	s not a member of a PC	N. This will serve as the comparator in the report.
Part E – Autho	rization				
		ess to my confide	ential Primary Healthca	ire Panel Report to	the person named in Part A – Delegate
Physician Signa	ture:			Da	te:

Please email the completed form to primaryhealthcarereports@hqca.ca

Delegate Access Forms are required annually.