

Printing OR Faxing Medical Record Request:

When a patient is transferred to another facility, their electronic documentation is printed (or can be faxed) and sent as a paper record to the receiving care providers. Patients should continue to request their medical records through Health Records.

1. Open **Powerchart** from the AppBar.

2. Open the patient's chart, select the correct encounter and click on **"Documentation"** tab.

Documentation

3. Locate the Documentation you wish to Print or Fax within the documentation list.

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List				
Display : All V Advanced Filters				
Service Date/Ti	Subject	Туре		
2024-Aug-14 13:02:00	Complex Care and Rehabilitation Application	CCC/Rehabilitatio		
2024-Aug-14 12:29:24	Progress Note	Nursing Progress I		
2024-Aug-08 10:23:47	Inpatient Discharge Instructions	Discharge Instruct		
2024-Jul-30 11:54:00		ECG CV		
2024-Jul-30 11:47:00		ECG CV		
2024-Jul-29 14:10:00		ECG CV		
2024-Jul-29 14:05:00		ECG CV		
2024-Jul-29 14:03:00		ECG CV		
2024-Jul-24 10:46:00	Infectious Disease Risk Screening	Infectious Disease		
2024-Jul-23 14:41:00	Infectious Disease Risk Screening	Infectious Disease		
2024-Jul-17 18:16:00	Goals of Care Order Documentation	Goals of Care Doc		
2024-Jul-17 16:31:00	Provider Letter	Provider Letter		
2024-Jul-17 15:49:58	Progress/SOAP Note	Progress Note		
2024-Jul-03 13:24:00	Behavioural Supports Ontario (BSO) Assessment	BSO Assessment -		
2024-Jul-03 11:50:00	Admission History Adult	Admission History		
2024-Jul-03 09:51:00	Allergy Rule	Allergy Rule - Text		
2024-Jul-03 09:50:00	Height Weight Allergy Rule	Height Weight All		
2024-Jul-03 09:22:00	History and Physical	History and Physic		
K		>		

4. Once the document is highlighted in blue, select the "Print" icon on the top right.



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TIP SHEET HOSPITAL INFORMATION SYSTEM (HIS)

4. Select the "Template" and "Purpose" for Printing drop-down menu in the Medical Record Request window.5. Click "Preview".

lical Record Request - ZZTEST, JO	HAN PICKLES -	11002769 - Progress Note	
Medical Record Request Submitted P	Requests (2)		
	Te In	mplate patient/General Transfer Template	Purpose V Transfer V
			Proper authorization received?
			Destination
			Description in the second seco
Related Providers Sections			nequester
Name	Relationship Case Manager	Destination	Comment
Device selected		Associated Destination	Device Copie
		Preview	Send

Note: The Medical Record Requests PDF Preview and Submitted Requests window appears. This preview will display all MRR requests created for the patient in the past 72 hours.

- 6. Click "Refresh" to finalize query.
- 7. Right-Click on the report and select "Display Report" from the menu to review the form that is being sent.

edic	al Record Request Submitted Req	uests (2)						
ast	Refresh: 20/Aug/2024 America/N	ew_York			Di	splay: Las	t 24 hours 🗸 🗸	2
	Request Status	Fax Status	Requested Date/Time		Person Name	FIN	Report Request ID	0
9	Previewed	N/A	20/Aug/2024 1	Display Report	T, GEM	22-000493	7146908	Ν
9	Archived - Preview Not Displayed	N/A	20/Aug/2024 1	mencapricit_rent	T, GEM	22-000493	7146547	Ν
				_				

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HOSPITAL INFORMATION SYSTEM (HIS)

Note: Previewing the document is not necessary for processing unless required.

8. Review the report selected. When finished, select the **"X"** to the right to close window.

ZZTEST, JOHAN PICKLE	2 × Tonanonarbai		
Ξ	- + 🖬 1	of 32 🤉 🗅	
	St. Catharines Site	200 Fourth Avenue 9053784647	
		t. Catharines, Ontario L2S 0A9	
	Patient In	formation —	-
	Patient Name: ZZTEST, JOHAN PICKLES	Sex: Male	
	ST CATHARINES, Ontario L5N2T2	Age: 34 Years	
	Home Phone:	Religion: No Disclosure	
	Employer Name: Unknown	SSN:	
	Employer Phone:	Race:	
	Guarantor	Information	-
	Guarantor Name: ZZTEST, JOHAN PICKLES	Sex: Male	
	Billing Address: 123 TEST STREET	Ane: 34 Years	
	ST CATHARINES, Ontario L5N2T2	Religion: No Disclosure	
	Billing Phone:	SSN:	
	Employer Name: Unknown	Marital Status: Single	
	Employer Phone.	aformation	
	Emergency Contact	Next of Kin	-
	Contact Name: MOTHER TEST	Contact Name:	
	Patient's Reitn: Mother	Patient's Reitn:	
	Sex: Home Phone:	Sex: Home Phone:	
	Drimonul	Incurance	
	Rubseriber Name: 77TEST JOHAN DICKLES		-
	Patient's Reltn: Self	Claim Address:	
	Sex: Male		
	DOB: 01/01/1990	Insurance Phone:	
	Age: 34 Years	Policy Number: 1234567890	
	Employer Name: Unknown Employer Phone:	Authorization Number:	
	Financial Class: Ontario Health Insurance Plan	Authorization Phone:	
	Group Name:	Authorization Contact:	
	Secondary	/ Insurance	-
	Subscriber Name:	Insurance Name:	
	Patient's Reltn:	Claim Address:	
	Sex:	Insurance Phone:	
	Age:	Policy Number:	

Note: Do not use the Print icon from the PDF version, as it will not be trackable. Medical Record Requests must be trackable for future verification.

9. Return to the "Medical Record Request" tab, select the printer/fax device from the drop-down menu. To send a fax to a printer that is not within the fax library, the user can type in "AdHoc" and select the _Adhoc Fax for external faxes.

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Medical Record Request Submit	ted Requests (1)		
	Te In	mplate patient/General Transfer Template	Purpose V Transfer V
			Proper authorization received? Destination
Related Providers Continue			Requester
Name	Relationship ager Case Manager	Destination	Comment
Device selected		Associated Destination	Device Copies adhod VI. 1 🐳
		Preview	All that contain "adhoc" Adhoc Fax

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TIP SHEET HOSPITAL INFORMATION SYSTEM (HIS)

10. If the AdHoc fax option was selected, enter the corresponding fax number in the "PHONE#" box. Select OK once done.

Remote Report Distribution Selection X		
PHONE #	OK	
Transmit Date / Time Date:	Cancel	
Non-Scheduled 06/N	ov/2024	
O Scheduled 1650		

11. Then click "send".

Note: *For Clinical Solutions*: A Medical Record Request is needed when transferring a patient to a facility that can't access the Electronic Health Record. Follow your site's guidelines for printing/faxing patient information. This request can also be used for printing discharge instructions for the patient either in the ED, ambulatory clinic or inpatient unit.



