

## Confidential FAX \*\*\*\* ACTION REQUIRED \*\*\*\*

TO:	
FAX #:	From:
RE: Report Delivery	Phone: 905-378-4647 EXT:
DATE:	Email: <a href="mailto:NHICTRegAgents@niagarahealth.on.ca">NHICTRegAgents@niagarahealth.on.ca</a>
No. of Pages Including Cover: 1	Task#:

**From: ICT Department at Niagara Health**

**You are receiving this fax to update your preferred Report Delivery method**

**REPORT DELIVERY METHOD-please indicate preference via chart below.**

Note:1) Notice of patient appointments will be sent by FAX

2) If you Circle Yes to receive Faxed reports & are setup with HRM you will receive from both sources.

Report Types	Circle <b>Yes to RECEIVE</b> Faxed report Circle <b>No to OPT OUT</b> of receiving Faxed report (as you will review/receive electronically)	
Health Records Reports	Yes	No
Diagnostic Reports	Yes	No
Lab Reports **these are not available via HRM**	Yes	No
Pathology Reports	Yes	No

**Person Completing Form – please Print**

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Phone: \_\_\_\_\_

**\*\*\*\*PLEASE RETURN this cover sheet utilizing ONE of the following methods:\*\*\*\***

**Email: [NHICTRegAgents@niagarahealth.on.ca](mailto:NHICTRegAgents@niagarahealth.on.ca) OR Fax: 289-398-1043**

If you have any questions regarding this fax verification request, please call “From:” at top of form.

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