

PRIMARY CARE PATIENT EXPERIENCE SURVEY - Provider Report

Delegate Access Request Form

For a delegate to receive access to a care provider's *Primary Care Patient Experience Survey Report*, the following information must be provided. A unique form must be filled out for each provider.

Part A - Delegate Information

First Name:

Last Name:

Role:

Email Address:

Phone:

Part B – Provider Information

First Name:

Last Name:

Phone:

Email address:

By signing below, I grant access to my confidential digital *Primary Care Patient Experience Survey Report* to the person named in **Part A – Delegate Information**.

Provider Signature:

Date:

Please email the completed form to: surveys@hqa.ca