

HEALTHe NL User Registration Form

The Information collected on this form will be used in support of operation of HEALTHe NL, the provincial Electronic Health Record (EHR), including user identification, account management and auditing. This information may also be used for planning and analytics purposes.

Prefix (<small>Please check one</small>)		Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Dr. <input type="checkbox"/>
First Name _____		Middle Name _____		Last Name _____	
Occupation/ Title _____		License # (<small>Required if you are a licensed provider</small>) _____			
Primary Facility / Site Name _____					
Department/ Clinic/ Service _____		Business Phone _____			
Mailing Address _____		City/ Town/ Postal Code _____			
Email Address _____					
PHIA training completed? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Do you require access to HEALTHe NL outside the hospital? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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As a user of the HEALTHe NL, you agree to:

- Comply with all statutory, regulatory and policy requirements to keep confidential any individually identifying information;
- Notify the Centre's Service Desk if you no longer require access to the viewer;
- Review the available HEALTHe NL education and training material provided by the Centre on an ongoing basis; and,
- Understand that unauthorized disclosure of individually identifying information obtained through the HEALTHe NL viewer may result in penalties as described in relevant legislation and/or termination of access.

This agreement outlines your responsibilities regarding the access, use and disclosure of the personal health information contained within HEALTHe NL. Additional information on the Personal Health Information Act can be found at <http://www.health.gov.nl.ca/health/PHIA/>. By signing below you agree that you understand and agree to comply with above terms/conditions and that all information provided during the registration process is accurate and true. If you have any questions, please contact the Centre's Service Desk at 1-877-752-6006.

User Legal First and Last Name (Please Print)

Signature

Date

User Administrator/Manager First and Last Name (Please Print) **(Not required if you are a physician or dentist)**

User Administrator Signature **(Not required if you are a physician or dentist)**

Date

CONFIDENTIALITY AND ACCEPTABLE USE

Acceptable Use:

You agree to not access, collect, use, or disclose any clinical or other personal health information maintained in HEALTHe NL for any purpose or in any way other than those authorized under appropriate legislation, policies, and standards of practice.

You agree that you will not use HEALTHe NL for an illegal or improper purpose, or take steps that would have a negative impact on the security, integrity or functioning of HEALTHe NL.

Confidentiality:

You agree to treat as confidential all information collected, used and disclosed in association with HEALTHe NL, whether verbal or written, and will not participate in or permit the unauthorized release, publication or disclosure of that information to any person, corporation or other entity under any circumstances except as authorized by legislation, policies, and standards of practice.

PASSWORDS

You agree to keep your password absolutely confidential; it is for your use alone. You agree not to distribute or share your username and password with anyone.

If your password becomes known: You agree that if you suspect someone else knows your password you will notify the Centre's Service Desk at 1-877-752-6006 or in person at 70 O'Leary Ave. St. John's as soon as possible and follow the instructions given to you by the Centre.

PROVINCIAL EHR LIMITATIONS

You are aware that HEALTHe NL consolidates information from various source systems province-wide. While efforts are made to ensure accuracy and completeness, HEALTHe NL is not exhaustive and should not be relied upon as a sole information source in providing care. Patient data may exist in other RHAs, community health, private clinics or pharmacy databases. I recognize accepting a password gives me authorized access to confidential electronic information.

**Please scan/email all registration forms to NLCHI Service Desk at
healtheni@nlchi.nl.ca or via fax (709) 752-6005.**