

JULY 31, 2025

# GETTING SETUP WITH HEALTHe NL & CENTRAL INTAKE

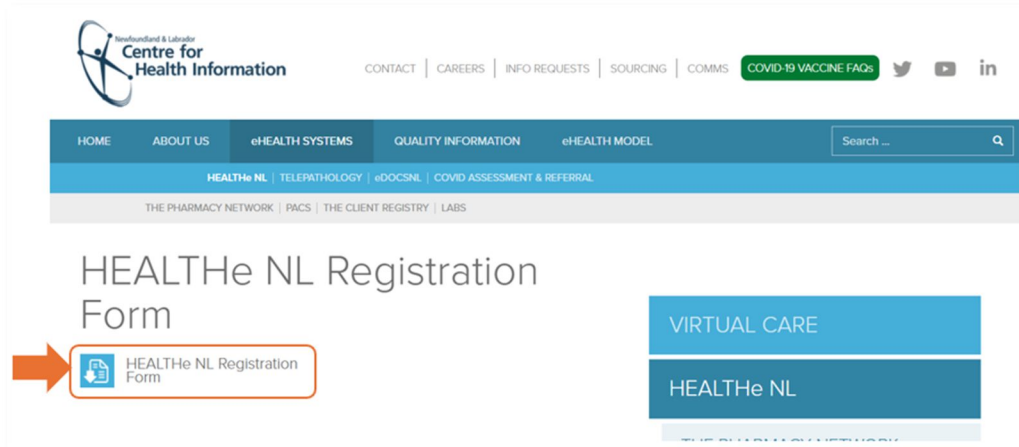
CENTRAL INTAKE



## Setup your Healthe NL and Central Intake accounts

To submit a referral for Ophthalmology and/or Orthopedic services, you must have two accounts setup – one for HEALThe NL and another for Central Intake. Completing the registration form for HEALThe NL is the process to getting both accounts setup. Identity Management will create your HEALThe NL account, and the Central Intake team will setup access to the CI solution.

1. To gain access to HEALThe NL, please fill out the [HEALThe NL User Registration Form](#).



**REMINDER:** Be sure to answer the question related to access to Central Intake **and** complete Section 7 of the registration form. Complete all relevant sections (see below).

The Healthe NL Registration form is a three-page fillable PDF document that must be completed.

 A screenshot of the 'HEALThe NL User Registration Form'. The form is titled 'HEALThe NL User Registration Form' and includes the NL Health Services logo and the HEALThe NL logo. It contains various sections for user information, including Reason of request, Personal Health Information Act (PHIA) Training, and access requirements. An orange arrow points to the question: 'Do you require access to Central Intake to submit/manage Ophthalmology or Orthopedic e-referrals?' with a 'Yes' checkbox. Below this, there are fields for contact information (Mrs., Ms., Mr., Dr., First Name, Middle Name, Last Name), Occupation, License #, Employee #, Facility Name, Department, Facility Address, City/Town, Postal Code, Facility Ph., Cell Ph., Email Address, User's Legal First and Last name, User's Signature, and Date. The form also includes a section for Manager/Clinical Educator approval.

2. Complete the main section of the registration form by providing your primary care provider details. Be sure to sign the form (i.e., User's Signature). Include your Fax # to ensure you receive a copy of the referral form once submitted.

Please complete this section of the registration form

Include your **FAX number** to ensure you receive notification of referrals when submitted

Referring physicians are **not** required to complete the **Manager / Clinical Educator** section.

Do you require access to Central Intake to submit/manage Ophthalmology or Orthopedic e-referrals? ☐ Yes (if yes, see section 7) if you selected "Yes" above, see appropriate instructions in sections listed next to each question.

☐ Mrs. ☐ Ms. ☐ Mr. ☐ Dr. First Name Middle Name Last Name

Occupation  If Other: Specialist, or Telehealth:  Use dropdown to select Specialist  Specify second specialty (if applicable) or other occupation (if not listed on the prior field)

License # (i.e. CPSNLARNL)  Employee # (For RPA employee's only)

Facility Name (No abbreviations. Full business name required.)  Department Name/Clinic Type (Full department name required i.e. Surgery -H&B)

Facility Address  City/Town  Postal Code

Facility Ph.  Cell Ph.  Fax

Email Address

User's Legal First and Last name  User's Signature  Date: YYYY-MM-DD

Manager/Clinical Educator: Please review pages 1-4 prior to approving the user's request.

Manager/Clinical Educator First, Last Name  Manager/Clinical Educator Signature  Date: YYYY-MM-DD

Manager/Clinical Educator Phone  Manager/Clinical Educator Email address

3. Complete the **Central Intake section** of the registration form – **Section 7**.
  - a. For **Service Line**, choose Ophthalmology, Orthopedics, or Both from the drop-down list. This indicates that you will be entering referrals for patients in this specialty area.
  - b. Select one or more **Access Zones**.
    - i. Virtual providers (e.g., Teledoc, Fonemed) should choose Provincial.
  - c. If you are submitting referrals for a patient, choose **Create / Update** as your Access Type.
  - d. If you simply need to view referrals that have been entered by someone else, choose Ready Only for your Access Type.
  - e. Choose either NLHS or Private Office/Clinic as the Organization.
    - i. Virtual providers (e.g., Teledoc, Fonemed) should select Private Office/Clinic.
  - f. Complete other sections of the registration form, as required.
  - g. Email the **completed registration form** to [askCentralIntake@nlhealthservices.ca](mailto:askCentralIntake@nlhealthservices.ca)
  - h. The Central Intake team will review and approve the submitted request and forward to Identity Management to complete the setup of your access.

**Approval** section will be completed by a member of the CI team. The submitter **does not** need to complete this.

**Section 7 - Central Intake** \*\*If the Central Intake approval section below is not completed, access cannot be granted\*\*

If you require access to Central Intake, send your completed HEALThe NL registration form to [askCentralIntake@nlhealthservices.ca](mailto:askCentralIntake@nlhealthservices.ca) for approval. If the Central Intake approval section below is not completed, access cannot be granted.

Service line:  Access Zone: ☐ EZ ☐ WZ ☐ CZ ☐ LGZ ☐ Provincial

Access Type: ☐ Create/ Update ☐ Read Only Organization: ☐ NLHS ☐ Private Office/Clinic

**Central intake approval section (To be completed by a Central Intake approver ONLY)**

Approved by:  Signature:  Date: YYYY-MM-DD

Comments:

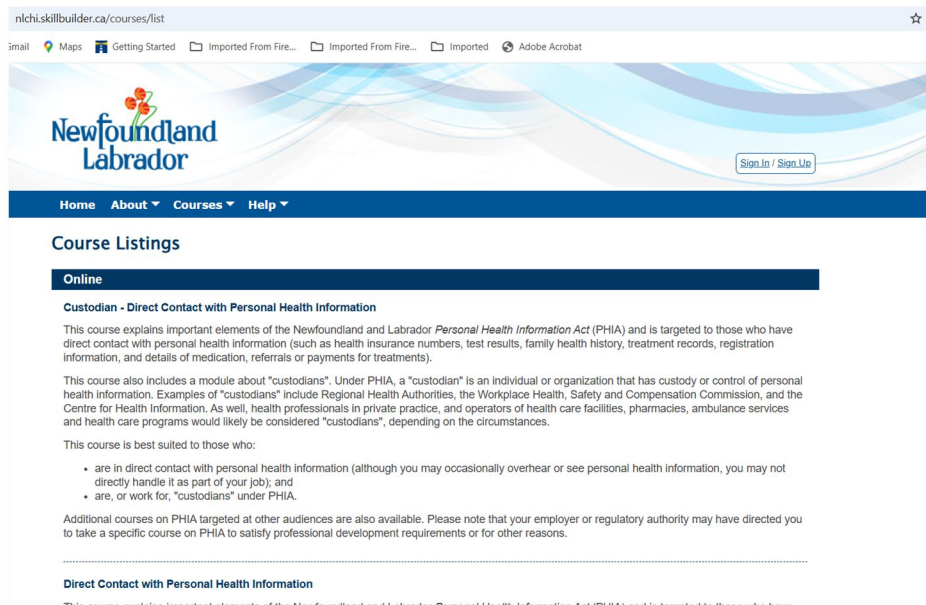
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4. Once **Identity Management** receives the form, they will contact you via phone or email to schedule a time to validate your identity (with out-of-province users, this is usually completed through a Teams call), and they will also send a link to the online onboarding information, such as the training videos, privacy information, etc.

# Complete your Personal Health Information Act (PHIA) Training for HEALThe NL

Once you have a HEALThe NL account, it is mandatory to complete PHIA training.

- PHIA training can be accessed at: <http://nlchi.skillbuilder.ca/courses/list>
- Click **Sign Up** (found at the top right) to register or click **Sign In** (found at the top right, to the left of Sign Up) to verify if you have already completed the PHIA training.
- If you need to complete the PHIA training, after registering, select the following course:  
**Custodian-Direct Contact with Personal Health Information**



Still having trouble getting your accounts setup?

Please contact your local/regional Service Desk: 709-752-6006 or [servicedesk@nlchi.nl.ca](mailto:servicedesk@nlchi.nl.ca)