

HEALTHe NL User Registration Form

*** Incomplete forms will not be processed. All fields are required. ***

Please scan/email all registration forms to NLCHI Service Desk at identity.management@nlchi.nl.ca

Reason of request:		New account	Change of access*	Change of name
* If you selected Change of access, or Change of name specify your current HEALTHe NL User ID _____ In addition, if Change of access was selected, your manager needs to complete "Change of access" section at the bottom of this page.				
Personal Health Information Act (PHIA) Training completed? Yes PHIA training is mandatory. If not completed see instructions on page two of this form under PHIA.				
Do you require access to myCCath to submit/manage e-referrals to the Cardiac Catheterization Lab.? Yes Do you require access to iScheduler for Telehealth? Yes If you selected "Yes" above, see appropriate instructions in the myCCath or iScheduler sections found on page two of this form.				
Mrs.	Ms.	Mr.	Dr.	First Name _____ Middle Name _____ Last Name _____
Occupation _____		If Other, Specialist, or Telehealth Scheduler was selected in the occupation field specify _____		Specify second specialty (if applicable) or other occupation (if not listed on the prior field) _____
License # (i.e. CPSNL, ARNNL) _____		Employee # (For RHA employee's only) _____		
Facility Name (<small>No abbreviations. Full business name required.</small>) _____		Department Name/Clinic Type (<small>Full department name required i.e. Surgery - 4NB</small>) _____		
Facility Address _____		City/Town _____		Postal Code _____
Facility Ph. _____		Cell Ph. _____		Email Address _____
User's Legal First and Last name _____		User's Signature _____		Date _____
Manager/Clinical Educator First, Last Name Not required for physicians or dentists		Manager/ Clinical Educator Signature _____		Date _____
Manager/ Clinical Educator Phone _____		Manager/ Clinical Educator Email address _____		
Not required for physicians or dentists				

CHANGE OF ACCESS

If change of access, or "other" occupation was selected, manager to explain reason for change of access, or request of access.

If change of access, or "other" occupation was selected, manager to check additional access needed:

Clinical Documents.
 Laboratory Reports.
 Diagnostic Imaging Reports.
 Encounters.
 Medication Profiles & Immunizations.
 Search capabilities by first name and last name.

If you are requesting HEALTHe NL access, or change of access/ name please email only page one (completed)

If you are requesting HEALTHe NL access, and/or myCCath and/or iScheduler, email back page one and two with the appropriate section completed.

IN OFFICE USE ONLY Change Manager Name: _____ Comments: _____ _____ _____ _____	Account Validation: 1. Change of Access: Approved* Not approved * Role to assign _____ 2. IOR group: Approved Not approved 3. Full Search: Approved Not approved Other: _____
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PHIA Training

- All HEALTHe NL users are required 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 the course you should select is:
“Custodian-Direct Contact with Personal Health Information”

myCCath Users

If you require access to myCCath follow the steps below:

1. Have you signed your Regional Health Authority (RHA) Oath of Confidentiality? Yes
2. If you have not signed your RHA Oath of Confidentiality, or you are unsure, contact the Human Resources department in your region to confirm.
3. Email this completed HEALTHe NL registration form to myccath.registration@easternhealth.ca for approval, **BEFORE** you email it back to NLCHI Service Desk.
4. **If you requested access to myCCath, but the myCCath approval section below is not completed, the access cannot be given. BEFORE** emailing this registration form to NLCHI Service Desk, be sure the approval section below is completed.

myCCath approval section (To be completed by a myCCath approver ONLY)

myCCath access: Approved Not Approved

Approved by: _____ Signature: _____ Date: _____

Comments: _____

iScheduler Users

If you require access to iScheduler, email your completed HEALTHe NL registration form to the Telehealth Coordinator in your region for approval. **If the iScheduler approval section below is not completed, access cannot be granted.**

Telehealth Coordinators contact information:

- **Eastern Health:** telehealth@easternhealth.ca
- **Central Health:** telehealth@centralhealth.nl.ca
- **Western Health:** telehealth@westernhealth.nl.ca
- **Labrador-Grenfell Health:** telehealth@lghealth.ca

iScheduler Approval section (to be completed by a Telehealth Coordinator ONLY)

iScheduler access: Approved Not Approved

Approved by: _____ Signature: _____ Date: _____

Comments: _____

If you are requesting HEALTHe NL access, or change of access please email only page one (completed) If you are requesting HEALTHe NL access, and/or myCCath and/or iScheduler, email page one and two with the appropriate section completed.

CONFIDENTIALITY AND ACCEPTABLE USE

The information collected on this form will be used to support the 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.

As a user of HEALTHe NL, you agree to:

- Comply with all statutory, regulatory and policy requirements to keep confidential any identifying information.
- Notify the Centre's Service Desk if you no longer require access to HEALTHe NL.
- Review the available education and training material provided by the Centre on an ongoing basis.
- Understand that unauthorized disclosure of identifying information obtained through HEALTHe NL 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 above you agree that you understand and agree to comply with below terms/conditions and that all information provided during the registration process is accurate and true.

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.

iScheduler/ Telehealth Users

You recognize that approval of this access application, and assignment of a User ID and password, besides giving you access to Telehealth iScheduler from HEALTHe NL, it gives you authorized access to information in the Telehealth iScheduler application. You understand that this allows you to access confidential information and you accept that it is your responsibility to ensure the total confidentiality of all information accessed from the Telehealth iScheduler application.

You are aware that disclosure of your Telehealth iScheduler/ HEALTHe NL User ID and/or password, or the use of another user's password is considered a breach of security for which you will be held accountable.

Your application will be processed within 10-15 business days. If you have not been contacted within this time frame, please contact us as there may be an error with your application. Phone: 1-877-752-6006;

Email: identity.management@nlchi.nl.ca

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