

Please Print Clearly – Complete All Areas

To be completed by Applicant (please print)

Full Name (Last Name, First Name) Telephone # (Work) Email Address (Work)

Position title Clinical Area (if applicable)

Facility Name: _____

Note: If you require access to more than 1 site, please discuss with your Regional Telehealth Lead

To be read and signed by Applicant

I recognize that my signature on this document will provide me with authorized access to information in the Telehealth iScheduler system.

I understand that this allows me to access confidential information and I accept that it is my responsibility to ensure the total confidentiality of all information accessed from the Telehealth iScheduler system.

I understand that upon initial log on; I will be required to select a secret question and provide an answer. This information will be used by the NL Centre for Health Information's Service Desk in order to validate my identity for future support requests.

I realize that each of the following constitutes a breach of security for which I will be held accountable:

- *Disclosure of my Telehealth iScheduler User ID and/or password*
- *Abuse of authorized access*
- *Use of another user's password to access the Telehealth iScheduler application*
- *Failure to sign off from the system when leaving my workstation*

Applicant's Signature Date

To be completed by Authorizing Manager/Regional Telehealth Coordinator

I recognize that approval of this access application, and assignment of a User ID and password, gives the applicant authorized access to information in the Telehealth iScheduler application. I understand that this allows the applicant to access confidential information and I accept that it is both the Applicant's and my responsibility, given that I am requesting access on the Applicant's behalf, to ensure the total confidentiality of all information accessed from the Telehealth iScheduler application. I accept responsibility to notify the NL Centre for Health Information's Services Desk should the user no longer require access to the Telehealth iScheduler application in the course of their duties(e.g. leave the employ of the organization, change in job responsibilities, little or no use of the system during previous year) or breach the terms of the Access Agreement.

Authorizing Manager's Name (please print) Phone # Work

Authorizing Manager's Signature Date

Regional Telehealth Lead Name (please print) Phone # Work

Regional Telehealth Lead Signature Date

Completed Forms should be faxed to NL Centre for Health Information Telehealth Scheduling Office

Attention: FAX # 709-752-6057

Phone # 709-752-6019