# HEALTHe NL User Registration Form

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

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.

| | |
|---|---|
| Mrs. ☐ Ms. ☐ Mr. ☐ Dr. ☐ | **Reason of request:** ☐ New account ☐ Change of access ☐ Change of name. Specify previous name _____ |
| PHIA training completed? Yes ☐ No ☐ | Do you require access to myCCath? ☐ Yes ☐ No<br>Do you require access to iScheduler for Telehealth? ☐ Yes ☐ No |

First Name _____ Middle Name _____ Last Name _____

Occupation/ Title _____ If Other, Specialist, or Telehealth Scheduler was selected in the occupation field, specify _____

License # ( i.e. CPSNL, ARNNL ) _____ Clinic/ Facility Name ( No abbreviations. Full business name required. ) _____

Department Name/ Clinic Type ( Full department name required i.e. Surgery - 4NB ) _____

Business Address _____ Business Ph. _____ Cell Ph. _____

City/ Town/ Postal Code _____ Email Address _____

Do you require access to HEALTHe NL outside of a hospital? Yes ☐ No ☐

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 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's Legal First and Last Name | User's Signature | Date

The information below is **not required for physicians or dentists**

_____ _____ _____

User Administrator/Manager First, Last Name | Phone Number | Email address

_____ _____

User Administrator Signature | Date

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

_____

_____

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

- ☐ Clinical Documents.
- ☐ Laboratory Reports.
- ☐ Diagnostic Imaging Reports.
- ☐ Encounters.
- ☐ Medication Profile & immunizations.

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## 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.

**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. You 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 user 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.**
**Contact us to 1-877-752-6006 or via email to healthenl@nlchi.nl.ca**

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