



New Brunswick's Electronic Health Record (EHR)
An initiative of One Patient, One Record (OPOR)

Instructions for completing the EHR Access Request Form

1. COMPLETE THE ACCESS FORM ELECTRONICALLY.

Tab to go from one field to another or click on the grey box beside each item.

SECTION 1 - USER INFORMATION:

a.	Full Name	Enter your first and last name.
b.	Current job title	Enter your job title; for physicians, enter your specialty;
c.	Work Location	enter the name of the facility/hospital where you work and the zone #; if you work in more than one facility, enter the primary site;
d.	Employee Number	enter your employee number in the primary site (not needed for physicians); If you are an employee of Horizon or Vitalité, you must provide your employee number. Note that Horizon employee numbers are 8-digit long.
e.	Business Telephone Number	Enter the phone number where you can be reached at work.
f.	Business Address	Enter the facility/hospital address;
g.	Preferred E-mail address	Enter your RHA or SNB e-mail address. Enter a personal e-mail address if you prefer to be contacted using that e-mail. If you don't have one, please indicate "NONE";
h.	Gender	Enter your gender (M or F).
i.	Username:	Enter your username or user-ID which you use to logon to the network at the beginning of your work day.
j.	Role	Select <u>only one</u> role and be specific.

NOTE: If there is any information missing, your request will not be processed and you will be contacted by email to provide the missing information.

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SECTION 2 - USER ACKNOWLEDGMENT:

a.	I agree:	Print your full name;
b.	Read obligations	Read all the conditions/obligations listed and if there is anything you don't understand, do not sign the form and send your questions to the EHR Administrator at EHRadministrator@gnb.ca
c.	Language of choice for training	Select your preferred language of choice for the training. You will be registered for the online courses in this language.
d.	Print the form	If you are satisfied with the conditions, print, sign and date the form.

SECTION 3 - SUPERVISOR AUTHORIZATION:

a.	Supervisor signature	Bring the form to your supervisor for his/her authorization/signature
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NOTE: Physicians are not required to complete the Supervisor Authorization section.

2. SUBMIT YOUR ACCESS REQUEST FORM

a.	Submit your access request form	Submit your access request form to the following fax number: 1-506- 462-2010 OR You can also choose to scan the completed form and email it to: EHRadministrator@gnb.ca
b.		Keep the original access request form for your records.