

New Brunswick's Electronic Health Record (EHR)  
Department of Health

**Instructions to complete the EHR Access Request Form for EMR User (EHR036)**

You can complete the access request form electronically. Tab to go from one field to another or click on the grey box beside each item.

**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.

**PART 1 – USER INFORMATION**

a.	<b>Full Name</b>	Enter your first and last name.
b.	<b>Work Location / Clinic Name</b>	Enter the name of the site where you work.
c.	<b>Ask your contact on your EMR Vendor team for the following information</b>	
	<b>EMR user ID</b>	Enter the EMR account userID/username in capital letters.
	<b>EMR organization ID</b>	Enter the 4 digits site location code.
d.	<b>Business Telephone Number</b>	Enter the phone number where you can be reached at work.
e.	<b>Business Address</b>	Enter the site address.
f.	<b>E-mail Address</b>	Enter the email address where you prefer to receive communications and links to training
g.	<b>Do you also work in an RHA facility or have you requested an account from the zone?</b>	
	<b>RHA facility information</b>	If yes, provide the following: <ul style="list-style-type: none"> <li>• Facility/hospital name</li> <li>• Employee number</li> <li>• Hospital username.</li> </ul>
	<b>Personal information</b>	If no, please answer the three mandatory questions as they will be used by the Service Desk for account recovery and password resets: <ul style="list-style-type: none"> <li>• Your mother's maiden name?</li> <li>• A memorable date?</li> <li>• Your favorite place?</li> </ul>
h.	<b>Role</b>	Select <i>only one</i> and be specific. If this is temporary work or practicum, provide the date that you will leave.

## **PART 2 – USER ACKNOWLEDGMENT**

a.	<b>I .... agree:</b>	Print your full name;
b.	<b>Read obligations</b>	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 <a href="mailto:EHRAccess@gnb.ca">EHRAccess@gnb.ca</a>
c.	<b>Language of choice for training</b>	Select your preferred language of choice for the training. You will be registered for the online courses in this language.
d.	<b>Print &amp; sign the form</b>	If you are satisfied with the conditions, print, sign and date the form.

## **PART 3 - PHYSICIAN AUTHORIZATION FOR OFFICE STAFF ACCESS INCLUDING RESIDENTS OR CHC MANAGER FOR ALL CHC STAFF**

a.	<b>For all office/clinic staff (including residents):</b>	Give your request to the physician responsible for the EMR to authorize your EHR access. His/her signature and date are mandatory.
	<b>If you are the physician</b>	a second signature is not needed

## **SUBMIT YOUR ACCESS REQUEST FORM**

1. Scan the completed form and email it to the Department of Health at: [EHRAccess@gnb.ca](mailto:EHRAccess@gnb.ca)
2. **IMPORTANT:** In the subject line of your email, please put:  
EHR request from EMR user (your full name)
  - Example: EHR request from EMR user Joan White
3. Send only one request per email.
4. Keep the original access request form.

## **NEXT STEP**

Your form will be verified and if you do not have an account, one will be created.

If all fields have been completed, you will receive, by email, the link and the information to complete the mandatory online Privacy training and EHR training.