

REQUEST FOR EMR REMOTE ACCESS

Department of Health - eHealth Initiative

To be completed by an EMR user who does not need access to the EHR or already has access.

Tab to go from one field to another or click on the grey box beside each item. Complete the first page online. Next, print and get the signature and date signed from the the physician who is the EMR Custodian.

Please submit the completed form to: EMRAdmin@gnb.ca or fax completed form to (1-506) 462-2012.

1. USER INFORMATION – to be completed by the requester	
a. Full Name	
b. Gender (M or F - Optional)	
c. Work Location (Clinic Name and City)	
d. RHA and Zone	
e. Business Telephone Number	
f. Role/Title	
g. EMR ORG ID (EMR site 4 digit number)	
h. E-mail Address	
i. Username or User-ID (RHA Active Directory Account (AD) Username) Your username is the ID that you use to log on to the network at the beginning of your work day. If you have access to ECP or a hospital system, you have a username to access those systems. If you are unsure what your username is, contact your service desk for assistance. ALL PHYSICIANS have an AD account.	
j. Employee Number (not required for physicians) If you are an employee of Horizon or Vitalité, you must provide your employee number. Note that employee numbers for Horizon staff are 8 digits long and 5 digits for Vitalité.	
I authorize the above named individual to access my EMR remotely.	
Physician or CHC Manager full name (PRINT)	
Physician or CHC Manager signature	
Date	

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If you have any questions, send an email to the EMR Administrator at: EMRAdmin@gnb.ca