

**Instructions for completing the EHR Access Request Form (EHR066)**

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.

**SECTION 1 - USER INFORMATION:**

a.	<b>Full Name</b>	Enter your first and last name.
b.	<b>Job Title</b>	Enter your current job title.
c.	<b>Licence/Registration Number</b>	Enter your current licence/registration number
d.	<b>E-mail Address</b>	Enter the email address to which you want to receive communications. Note that the required EHR training will be delivered to this email address.
e.	<b>Main Work Location</b>	Enter the facility name, number, street address, and city.  If you work in more than one practice, provide the name of your main work location.
f.	<b>Additional Work Location(s)</b>	Facility/clinic names
g.	<b>Business Telephone Number</b>	Enter the phone number where you can be reached at work.
h.	<b>Do you also work in a hospital?</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>
i.	<b>Role/Profession</b>	Select <i>only one</i> role and be specific.
j.	<b>Do you require access to the Public Health Information Solution (PHIS)?</b>	This feature is only available for pharmacy staff.

## **SECTION 2 - USER ACKNOWLEDGMENT:**

<b>a.</b>	<b>I ..... agree:</b>	Print your full name;
<b>b.</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>
<b>c.</b>	<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.
<b>d.</b>	<b>Print &amp; sign the form</b>	If you are satisfied with the conditions, print, sign and date the form.

## **SECTION 3 - SUPERVISOR AUTHORIZATION:**

<b>a.</b>	<b>Supervisor signature</b>	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; however, Residents are.

## **SECTION 4 – ACCESS CONTROL AGREEMENT**

<b>a.</b>	<b>Access control</b>	Please complete the access control agreement and ensure that your Contact Person signs the witness section at the bottom of the page.
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## **SUBMIT YOUR ACCESS REQUEST FORM**

<b>a.</b>	<b>Submit your access request form</b>	Scan the completed & signed form and email it to: <a href="mailto:EHRAccess@gnb.ca">EHRAccess@gnb.ca</a>  <b>OR</b>  Fax the completed & signed form to: <b>1-506-462-2010</b>  <u>Note:</u> Area code not required if in the Fredericton region.
<b>b.</b>		Keep the original access request form for your records.

## **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.