EHR ACCESS REQUEST FOR PRIVATE SECTOR USER

Department of Health
Electronic Health Record (EHR)
Tab to go from one field to another or click on the grey box beside each item.

1. User Information – to be completed by the requester

a. Full Name	
b. Job Title	
c. Licence Number	
d. Gender (M or F – optional)	
e. E-mail address (Enter the email address to which you want to receive the link to the privacy training.)	
f. Main Work Location – Pharmacy name or private practice/clinic name and the civic address (number and street) (If you work in more than one pharmacy, provide name for the one where you spend the majority of your work hours.)	
g. City (Pharmacy)	
h. Second Work Location - Pharmacy name or private practice/clinic name	
i. Business Telephone Number	
j. Do you also work in a hospital? If yes, provide the facility name, your employee number and your userid when you connect to the network.	☐ YES ☐ NO

k. Personal information (These questions can be asked by the service desk to confirm your identification. Make sure you remember the answers.)

i. Your mother's maiden name?
ii. A memorable date?
iii. Your favorite place?

l. Role/Profession (select one only)

☐ Licensed pharmacist – private sector only (Group 53)

☐ Licensed pharmacist - private and public sector (Group 37)

NOTE:
For prescribers who prescribe monitored drugs and licensed pharmacists who dispense monitored drugs defined as "participants" by the Prescription Monitoring Act, this EHR access request represents an application to be registered in the Prescription Monitoring Program (PMP). The PMP view will be available through the Concerto Viewer once the program is operational.

If you have any questions about the PMP, please email the DIS Administrator at: DISadministrator@gnb.ca

2. User Acknowledgment. To be completed, signed and dated by the requester and his/her supervisor.

I		agree that:
	ENTER YOUR NAME (PRINT)	

1. I understand that the personal health information (PHI) stored in the EHR is confidential and must only be used for providing or assisting in the provision of health care.
2. I must take reasonable steps to protect my EHR access information from unauthorized use.
3. I will not share my username, password or other EHR access information with anyone and I will use a complex password.
4. I am responsible for any unauthorized disclosure of personal information regarding clients/patients through the inappropriate use of my authorized access.
5. I will ensure that patient information is not made available to unauthorized individuals by way of printing, display, etc.
6. I understand that I will get a read-only access and printing is restricted to authorized users only.
7. I will not download personal health information to the hard drive on my work or personal computer(s) or any portable storage devices.
8. I will immediately notify the EHR Administrator by e-mail if my account has been, or may have been, compromised in any way. E-mail address: EHRadministrator@gnb.ca
9. I will notify the access account manager by email within 5 working days when it has been determined that access to the EHR is no longer required. PRIVSECTaccess@gnb.ca
10. The Department of Health may revoke my access if I fail to comply with my obligations outlined in this form.
11. I understand that usage of the EHR will be monitored.

By signing below, I acknowledge that I have reviewed, understand, and agree to the above. I also understand that the Department of Health may revoke my access if I fail to comply with my obligations.

Signature of requester/user	
Date	
Language of choice for training?	☐ ENGLISH ☐ FRENCH

PHARMACIST MANAGER'S AUTHORIZATION FOR PHARMACIST'S ACCESS

I authorize the above named individual to get access to the EHR and declare that the individual has been authenticated to be the individual identified in section 1 of this form.

I verified the following:

a. All the needed information is complete and accurate.
b. The role selected is the individual's role within our organization.

Pharmacist manager's full name (PRINT)	
Pharmacist manager's signature	
Date	
E-mail address	
Telephone number	

Please submit your request to the following fax number: (1-506) 462-2048

If you have any questions about access, send an email to: PRIVSECTaccess@gnb.ca