

New Brunswick's Electronic Health Record (EHR)

An initiative of One Patient, One Record (OPOR)

Instructions to complete the EHR Access Request Form for a private sector user

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

Please ensure you click **Enable Content** if you see that security warning at the top of the page. If you cannot fill out the form online, please print and fill manually.

PART 1

- a. **Full Name:** Enter your first and last name.
- b. **Current job title:** Enter your present job title.
- c. **Licence Number:** Enter your registration number. For pharmacists: enter your registration number from the NB College of pharmacists.
- d. **Gender:** Enter your gender (M or F).
- e. **E-mail Address:** Enter the email address where you prefer to receive the link to the online training.
- f. **Main Work Location:** Enter the name of the community pharmacy where you spend the majority of your work hours. Please include the pharmacy civic address (number and street).
- g. **City:** Enter the city where you spend the majority of your work hours.
- h. **Second Work Location:** Enter the name of another pharmacy if you work in more than one location.
- i. **Business Telephone Number:** Enter the phone number where you can be reached at work.
- j. **Do you also work in a Hospital or the public sector? If so, provide the facility name and your employee number:** Click on YES or NO; If you click on YES, add the facility name, your employee number and your userid that you use when you connect to the hospital network. Note that Horizon employee numbers are 8 digit long.
- k. **Personal information for user support:** Answer the 3 questions and make sure you remember your answers. When you call the help desk, they may ask you those questions to confirm your identity.
- l. **Role:** select only one role. The role "*private and public sector*" is only to be used if you also work as a pharmacist in a hospital.

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.

Registration in the Prescription Monitoring Program (PMP):

This EHR access request is also an application to be registered in the PMP. Please read the information provided and if you have any questions, communicate with the DIS administrator.

PART 2: User Acknowledgment.

I- agree: print your full name;

Read all the listed conditions/obligations and if there is anything you don't understand, do not sign the form and send your questions to the DOH EHR Administrator at EHRadministrator@gnb.ca.

If you accept the conditions:

- i. print the form;
- ii. sign and date your request; and
- iii. select the language for the training.

Bring the form to the pharmacist manager for his/her authorization and signature.

If you are the pharmacist manager, a second signature is not needed.

SUBMIT YOUR ACCESS REQUEST FORM

1. Scan the completed form and email it to the account manager at:
PRIVSECTaccess@gnb.ca

If you do not have access to a scanner on your photocopier at the pharmacy, you can submit your request to the following **fax number: (1-506) 462-2048**

2. Keep the original access request form.