Individual Service Enrolment

Use this form to enrol an individual for the *Enterprise Reporting Service*.

Form Completion Instructions

Before proceeding with the enrolment request, the user must be registered with an @oneid.on.ca account. If user is not registered, please do so using the LRA online tool.

1. This form must be completed for each existing registrant
2. All fields <u>must</u> be completed as specified.
3. The Local Registration Authority can email the completed form to registration.agents@ehealthontario.on.ca for processing.

   Do not submit any personal information via email including: Gender, Date of Birth, and Identity Document Information

Part 1 – Registrant Details

First Name	Last Name

Login ID (firstname.lastname@oneid.on.ca)

Part 2 – Sponsor Information

Sponsoring Organization Name and Location (e.g. Twin Falls Health Sciences Network – ABC General Hospital)

Sponsor's Full Name

Sponsor's Business Telephone * *(incl. Extension)*	Sponsor's Business Email

This request was authorized by the above sponsor via: ☐ Email ☐ Memo ☐ Other (specify):

Reporting – Enrolment Request *This section to be completed by the Sponsor or the Local Registration Authority on behalf of the Sponsor.*

Service Enrolment*

☐ **Reporting**

Select the security group(s), program(s) and report(s) to which the applicant should have access. The applicant will only receive access for reports for the organization indicated in section Part 2.

Note: High Sensitivity Roles may be granted access to Personal Health Information (PHI), Personal Information (PI) and other Sensitive Content (SC). Do not authorize these enrolments where it is not strictly necessary.

☐ Report Viewer Access (Security Group)

Registrant will have the ability to view and download selected report(s) for the organization indicated in Part 2.

☐ **EMPI Program for Definitional Source*:**
    ☐ **Low Sensitivity –** Source Data Quality Reports Count (SDQRC)
    ☐ **High Sensitivity –** Source Data Quality Reports (SDQRs)

☐ **PHIIT**
(*available only to members of the PHIIT Project Team*)
    ☐ **Low Sensitivity** – All Pre-generated Reports
    ☐ **Low Sensitivity** – Ad Hoc Reports

☐ **Ontario Drug Benefit Program**
    ☐ **Low Sensitivity –** Drug Profile Viewer - Hospital Adoption
    ☐ **Low Sensitivity –** Authorized Drug Profile Viewer Users *(available for RA's and LRA's only)*
    ☐ **Low Sensitivity –** Authorized Enterprise Reporting Service *(available for RA's and LRA's only)*
    ☐ **High Sensitivity –** Drug Profile Viewer - Hospital Audit Trail
    ☐ **High Sensitivity –** Drug Profile Viewer – Denial of Access (Detailed)

eHealth Ontario Reports – For Internal Use Only

☐ **Report Viewer Access**

Registrant will have the ability to view and download selected report(s) for eHealth Ontario.

☐ **EMPI Program**
☐ **Low Sensitivity –** Source Data Quality Reports Count (SDQRC)
☐ **Low Sensitivity** – Aggregate Report
☐ **Low Sensitivity** – Ad Hoc Reports
☐ **High Sensitivity –** Source Data Quality Reports (SDQRs)
☐ **High Sensitivity –** Audit
☐ **High Sensitivity –** Ad Hoc Reports

☐ **Ontario Drug Benefit Program**
☐ **Low Sensitivity –** All Pre-generated reports
☐ **Low Sensitivity –** Ad Hoc Reports
☐ **High Sensitivity –** Drug Profile Viewer – Denial of Access
☐ **High Sensitivity –** Ad Hoc Reports

☐ **Advanced User Access**

Registrant will have data access and ability to run and upload reports for selected program/sensitivity level(s) for eHealth Ontario.
☒ **Ad Hoc Reports** access is included for the program and sensitivity level selected below.

☐ **EMPI – Low Sensitivity**
☐ **EMPI – High Sensitivity**

☐ **Other Program (Specify:**) **– Low Sensitivity**
☐ **Other Program (Specify:**)**– High Sensitivity**

☐ **Reporting Group Manager Access**

Registrant will have ability to grant and remove user roles and access to content within the selected program(s) managed by eHealth Ontario.
☐ **EMPI – High Sensitivity**
☐ **Drug Profile Viewer – High Sensitivity**
☐ **PHIIT – High Sensitivity**

☐ **e-Referral – High Sensitivity**
☐ **Other Program (Specify:**) **– High Sensitivity**

Part 3 – Local Registration Authority Information

First Name	Last Name

Login ID (firstname.lastname@oneid.on.ca)

Part 4 – Token Section

*This section to be completed by the **Local Registration Authority and/or eHealth Ontario**. Specify the details of the RSA token*

☐ **Token Required For High Sensitivity Reports?** Registrants will need a secure token to access high sensitivity reports over the internet

If the registrant has previously been provided with a token by eHealth Ontario then please specify the details of this token below

Token serial number *		**Token expiry date** *(yyyy-mm-dd)* *	
User name *		**Processed By** (*Signature and Date*) *	