

SUPPORT CONTACT AUTHORIZATION FORM

General Information

The information collected in this form will be used by eHealth Ontario’s Service Desk and associated staff to verify the status of an individual as an authorized contact person for your organization. It is your responsibility to ensure that all persons listed in this form are familiar with our [support and incident resolution](#) procedures.

1. To request the removal of existing registered contact(s) call the Service Desk at 1-866-250-1554 for assistance.
2. Return the completed form to servicedesk@ehealthontario.on.ca or call 1-866-250-1554 for assistance.
3. Complete all fields as specified. Fields marked * are mandatory and required for processing.
4. Only enter business-related contact information on this form. A statement of confidentiality is included.
5. **Ensure all contact information provided in this form is accurate and up to date. Notify eHealth Ontario of any changes immediately.**

Site Information

Provide details below for the main site in your organization where the contact information in this form is applicable.

NOTE: There is space at the end of this form to enter details for any additional sites within the same organization.

ORGANIZATION NAME*:

Site Name*:

eHealth Ontario MSUID:

Address (include suite # if applicable)*:

City*:

Province:

Postal Code*:

ON

Description of Contact Roles

If none of the below listed roles are applicable contact Service Desk at 1-866-250-1554.

* These roles are mandatory and must have the relevant contact information completed on this form.

~ These roles have the authority to both request and make changes to the eHealth Ontario ONE® Network circuit.

Managed by*~

Individual who assumes overall responsibility for a particular ONE® Network circuit (including incidents and changes), has executive signing authority for the circuit and ONE® Network legal agreements at the site.

Primary Helpdesk*

Individual/team who provides support for IT infrastructure/components at the site. The single point of contact in response to any incidents (unplanned outages) to the circuit and has physical access to the eHealth Ontario equipment on site or can facilitate site access as required.

Backup Helpdesk*

Individual/team who provides support for IT infrastructure/components at the site as a backup to the Primary Helpdesk contact.

Technical*~

Individual who provides Network support (Tier 2 or 3) at the site and can help with complex troubleshooting, project initiatives and requests.

Notification

Individual/team who requires notification of planned outages or unplanned outages (incidents).

Authorized Support Contact Information

Using the Roles identified above provide details for all site support contacts below.

First Name:	Last Name:	Organizational Role:
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Telephone (<i>include extension</i>):	Cell:	Email:
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Company Name (<i>if third party</i>):

First Name:	Last Name:	Organizational Role:
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Telephone (<i>include extension</i>):	Cell:	Email:
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Company Name (<i>if third party</i>):

First Name:	Last Name:	Organizational Role:
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Telephone (<i>include extension</i>):	Cell:	Email:
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Company Name (<i>if third party</i>):

First Name:	Last Name:	Organizational Role:
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Telephone (<i>include extension</i>):	Cell:	Email:
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Company Name (<i>if third party</i>):

First Name:	Last Name:	Organizational Role:
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Telephone (<i>include extension</i>):	Cell:	Email:
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Company Name (<i>if third party</i>):

First Name:	Last Name:	Organizational Role:
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Telephone (<i>include extension</i>):	Cell:	Email:
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Company Name (<i>if third party</i>):

First Name:	Last Name:	Organizational Role:
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Telephone (<i>include extension</i>):	Cell:	Email:
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Company Name (<i>if third party</i>):

Additional Site Information

Provide details below for any additional sites in your organization where the contacts listed in this form would be the same.

Site Name:	eHealth Ontario MSUID:		
Address (include suite # if applicable):	City:	Province: ON	Postal Code:
Site Name:	eHealth Ontario MSUID:		
Address (include suite # if applicable):	City:	Province: ON	Postal Code:
Site Name:	eHealth Ontario MSUID:		
Address (include suite # if applicable):	City:	Province: ON	Postal Code:
Site Name:	eHealth Ontario MSUID:		
Address (include suite # if applicable):	City:	Province: ON	Postal Code:

Additional Information

Provide details below of any other relevant information *e.g. additional site information/contact information that did not fit in the space provided above etc.*

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Confidentiality

The information collected in this move form is kept strictly confidential once it is received by eHealth Ontario, and is used only for the purposes of provisioning and supporting eHealth Ontario circuits.

eHealth Ontario has taken reasonable safeguards to ensure the security and confidentiality of all information. eHealth Ontario will employ all reasonable steps to protect the confidential information from unauthorized or inadvertent disclosure or use.

All information gathered through this form in performance of the work done as a result of this agreement will be maintained by eHealth Ontario in strict confidence. eHealth Ontario may disclose the confidential information to employees, contractors and vendors who require the confidential information to fulfill a client's request under this agreement.