

SHARE User Access Request Form for Users in Private Healthcare Organizations

Instructions for Form Completion

The SHARE User Access Request form is used to:

1. Request access for prescribers, clinical and administrative staff requesting access to the DIS through either the DIS Portal or the SHARE Clinical Portal
2. Request a prescriber, clinical or administrative staff member access be inactivated
3. Request a prescriber's, clinical or administrative staff member's account be reactivated
4. Request a name change

These instructions will describe how to complete each section of this form for prescribers, clinical and administrative staff requesting access to the DIS through either the DIS Portal or the SHARE Clinical Portal

Completion Instructions for Prescribers and RNs who will be given access to the DIS Portal

Note: Only RNs required to add information to/update patients medication profiles should have access to the DIS Portal. All others should access DIS through the SHARE Clinical Portal.

User Identification: (page 1)

- Check the **'New DIS Portal User'** box
- Enter the prescriber's or RN's name – last, first and middle
 - If there is no middle name, write the word 'none' in the **'Middle Name'** field
 - In the **'Preferred or Nickname'** field, indicate the name the prescriber goes by in the event that contact with this individual is necessary.
- For **'Position Title'**, enter the professional position (e.g., physician, dentist, optometrist, RN)
- For **'Healthcare Organization Name'**, enter the name of the clinic.
- For **'Organization's Main Address'**, enter the street address of the clinic.
- **'User's Primary Location Address (if different from above)'**, should not be different from the 'Organization's Main Address'.
- Enter **'Work Phone Number'** and **'Work Email Address'** for the prescriber.
- For **Professional Designation** information, enter the prescriber's license number and name exactly as it appears on their professional license.
- **Alternate User IDs**
 - **PHIM ID(s)** – this is an ID for the Nightingale Electronic Medical Record (EMR) system used in some physician clinics. If the prescriber or RN works in a physician's clinic and uses the EMR, they will have a PHIM ID.
 - **SAP User ID** – if the prescriber or RN works in a hospital they will have an SAP ID.
 - **Meditech ID** – if the prescriber or RN works in a hospital outside of the Central Zone (i.e., the former CDHA) they will have a Meditech ID.
 - **Active Directory ID** – if the prescriber or RN works in a hospital they will have an Active Directory ID.



SHARE Clinical Portal - Provider and User Group Profile:

- Skip this section

User Name: (top of page 2)

- Enter the prescriber's or RN's first and last name in the space provided

Drug Information System Portal - Provider and User Group Profile: (page 2)

- Select the appropriate user role.

Account Details:

- **Standard Access** – check this box if the prescriber or RN regularly works at your clinic (i.e., is not a temporary employee). Indicate the date that access to DIS is requested to start.
- **Time Limited** – check this box if the prescriber or RN will be working at your clinic temporarily. Indicate the date that access to DIS is requested to start and stop.
- **Reactivate Account** – check this box to reactivate an account that was previously inactivated. Indicate that date that the account is to be reactivated. Also, check the DIS Portal box.
- **Inactivate Account** – check this box to inactivate an account and indicate that date of inactivation. Also, check the DIS Portal box. **You are required to inactivate an account immediately when a prescriber or RN with access to DIS is no longer working in your clinic.**
- **Change of Name** – check this box and provide the required information.
- **Change of Access** – This is **not required** for prescriber or RN access to DIS.

Statement of Acceptance and Approval:

The individual with the authority to sign on behalf of the organization is to read and sign this declaration. Please provide the following information.

- **Name and Title** – please print
- **Signature**
- **Date Signed**
- **Work Phone #**
- **Work Email**

SHARE Remote Access/Terms of Use Agreement (page 3)

Note: Remote access in this context refers to the ability to access DIS from outside of hospital.

Please provide the following information.

- **User Name** (please print) – the prescriber's or RN's name
- **Title** – appropriate professional role (e.g., physician, dentist, optometrist, RN)
- **Clinic or Organization** – the name of your clinic
- **Telephone Number** – the phone number of your clinic

The prescriber or RN (i.e., User) and the individual with the authority to sign on behalf of the organization are to sign the agreement on the bottom of page 3. Please provide the information requested.

Completion Instructions for clinical and administrative staff who will be given access to the DIS through the SHARE Clinical Portal

User Identification: (page 1)

- Check the '**New SHARE Portal User**' box
- Enter the user's name – last, first and middle
 - If there is no middle name, write the word 'none' in the '**Middle Name**' field
 - In the '**Preferred or Nickname**' field, indicate the name the user goes by in the event that contact with this individual is necessary.
- For '**Position Title**', enter the user's role in the clinic (e.g., RN, Admin).
- For '**Healthcare Organization Name**', enter the name of the clinic.
- For '**Organization's Main Address**', enter the street address of the clinic.
- '**User's Primary Location Address (if different from above)**', should not be different from the 'Organization's Main Address'.
- Enter '**Work Phone Number**' and '**Work Email Address**' for the user.
- For **Professional Designation** information, enter the user's license number and name exactly as it appears on their professional license *as appropriate*.
- **Alternate User IDs**
 - **PHIM ID(s)** – this is an ID for the Nightingale Electronic Medical Record (EMR) system used in some physician clinics. If the user works in a physician's clinic and uses the EMR, they will have a PHIM ID.
 - **SAP User ID** – if the user works in a hospital they will have an SAP ID.
 - **Meditech ID** – if the user works in a hospital outside of the Central Zone (i.e., the former CDHA) they will have a Meditech ID.
 - **Active Directory ID** – if the user works in a hospital they will have an Active Directory ID.

SHARE Clinical Portal - Provider and User Group Profile:

- For question 1, 'What is the user's role for which access is requested?'
 - For **clinical staff**, check 'Support' (See 'Administrative Role' area)
 - **Support:** clinical staff will be provided with the '**Clinic Work List Access**' role. (i.e. Support). This role will allow the user to read the daily work list and access DIS information for those patients on the list. With this role the user will have access to DIS medication profiles for only those patients appearing on the daily work list.
Note: This role may also be assigned to an administrative staff member(s) requiring clinical information in the DIS for paper chart preparation; however at least one administrative staff member in the clinic must be provided with the Admin 1 role (see below).
 - For **administrative staff**, check 'Admin 1'
 - **Admin 1:** if the user is being provided with the '**Clinic Work List Creation**', select Admin 1. This role will allow the user to create a daily work list for the organization/clinic which contains the names of patients to be seen that day. With this role the user will have access to patient demographic information only; they will not have access to the clinical information contained in the DIS.

- For question 2, 'Does the user require access to Central Zone's Electronic Legal Medical Record (HPF) via SHARE?', select **No**

User Name: (top of page 2)

- Enter the user's first and last name in the space provided

Drug Information System Portal - Provider and User Group Profile: (page 2)

- **Skip this section.**

Account Details:

- **Standard Access** – check this box if the user regularly works at your clinic (i.e., is not a temporary employee). Indicate the date that access to DIS is requested to start.
- **Time Limited** – check this box if the user will be working at your clinic temporarily. Indicate the date that access to DIS is requested to start and stop.
- **Reactivate Account** – check this box to reactivate an account that was previously inactivated. Indicate that date that the account is to be reactivated. Also, check the SHARE Portal box.
- **Inactivate Account** – check this box to inactivate an account and indicate that date of inactivation. Also, check the SHARE Portal box. **You are required to inactivate an account immediately when a user with access to DIS is no longer working in your clinic.**
- **Change of Name** – check this box and provide the required information.
- **Change of Access** – applicable only for administrative staff. Check this box if a change of access is required and provide a reason.

Statement of Acceptance and Approval:

The individual with the authority to sign on behalf of the organization (i.e. Organization/Clinic Sponsor) is to read and sign this declaration. Please provide the following information.

- **Name and Title** – please print
- **Signature**
- **Date Signed**
- **Work Phone #**
- **Work Email**

SHARE Remote Access/Terms of Use Agreement (page 3)

Note: Remote access in this context refers to the ability to access DIS from outside of hospital.

Please provide the following information.

- **User Name** (please print) – the user's name
- **Title** – appropriate role (e.g., RN, physiotherapist, administrative support)
- **Clinic or Organization** – the name of your clinic
- **Telephone Number** – the phone number of your clinic

The user and the individual with the authority to sign on behalf of the organization are to sign the agreement at the bottom of the page. Please provide the information requested.