NSHA/IWK Challenge & Response Form
Instructions for Form Completion

The Nova Scotia Health Authority is the organization that provides support services, on behalf of the Department of Health and Wellness, for health systems in the province, including DIS and SHARE.

The purpose of the Challenge & Response Form is to help NSHA Service Desk Analysts to confirm a caller’s identity when required.

This form needs to be signed by the user and the individual with the authority to sign on behalf of the organization (i.e., the person who has signed the user’s SHARE User Access Request Form).

The information in this form must remain confidential to the user as it will allow HITS-NS to make changes to the user’s account, such as password changes.

Here are the steps to follow for completing this form.

1. Have the user answer the questions provided
   - Questions 1 – 3 must be answered

2. Have the user provide the following information in the space provided (please print where appropriate)
   - First Name
   - Last Name
   - Middle Initial
   - Primary User ID – leave blank
   - Primary Facility – enter the clinic name
   - Department – leave blank
   - Work Telephone Number – clinic phone number
   - Extension – if there is one, otherwise leave blank
   - Signature – user’s signature
   - Date – the date of signature

3. Have the user fold the form such that the top of the page folds just above this text – (NOT Personal or Home Telephone).

4. Have the individual with the authority to sign on behalf of the organization (i.e., the person who has signed the user’s SHARE User Access Request Form) complete the following information.
   - Authorizer’s Name – print the person’s name
   - Signature – Authorizer’s signature
   - Date – the date of signature

5. Fax the completed form to 902-470-7458 (not 902-425-7788 as indicated on the form). The user should retain the original hard copy.