



SITE PROFILE

Complete this form and fax it to the HITS-NS Help Desk at 902-470-7458.

SITE INFORMATION	
Site/Organization Name:	
Suite #, Street Address:	
City:	Postal Code:

SITE SPONSOR INFORMATION		
<i>The Site Sponsor is the person who has the legal authority to hold a physician/clinician/staff person in the site accountable if there is a privacy breach. The Site Sponsor will be the person who signs the Access Agreement and will also sign all User Access Request forms for the site.</i>		
<i>Note: 'Clinicians' includes registered healthcare professionals other than physicians; for example, nurses, nurse practitioners, dieticians, pharmacists, physiotherapists, occupational therapists, dentists, dental hygienists, optometrists, midwives, etc.</i>		
Dr. ___ Mr. ___ Ms. ___		
Last Name:	First:	Middle:
Title/Position:		
Office Phone:	Email (please use a .nshealth email address if the Site Sponsor has one):	
Cell Phone:	Fax:	
Any Other Contact Info:		

SYSTEMS TO CONNECT		
<i>To which system does your organization wish to connect? Check off all applicable systems. Connectivity requirements for each system can be found at http://hits-ns.nshealth.ca/CCR, and the site must be compliant with them in order to ensure optimal system performance.</i>		
SHARe: ___	DIS: ___	

SITE STAFF SUMMARY		
Number of Physicians: ___	Number of Clinicians: ___	Number of Administrative Staff: ___

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RELATIONSHIPS WITH HEALTH AUTHORITIES
<i>If the answer to either of the following questions is 'Yes', then the Site Sponsor must complete and sign a Private Healthcare Organization Access Agreement for the systems to which access is being requested.</i>
1. Are any of the physicians in the site for whom SHARE access will be requested not credentialed to a NSHA/IWK site in Nova Scotia? ____
2. Are any of the clinical or administrative staff for whom SHARE access will be requested, not employees of a Health Authority ? ____

FURTHER QUESTIONS TO HELP DETERMINE AGREEMENTS AND FORMS REQUIRED
1. Is this site a NSHA/IWK Satellite Facility? ____
2. Is this site a Collaborative Practice funded/supported by the NSHA/IWK? ____
3. Is this site a Private Site (i.e. non-NSHA/IWK funded/supported)? ____
4. Is this organization a Long Term Care Facility? ____
5. Is this site a Community Pharmacy? ____
6. Do users at this site receive information technology support from NSHA/IWK? If yes, please specify which zone: _____
7. Who is the site's Privacy Officer? _____ Email Address : _____ Phone Number : _____
8. Do any physicians/clinicians require access to the systems for which access is being requested from another location apart from the site? _____ If "Yes", please attach a list of any such users to this form using the table at the end of this form.

SITE TECHNOLOGY
<i>(Note, your Internet Provider may be able to help you answer Questions 4 to 6)</i>
1. Is the site on the nshealth.ca network? ____
2. Is this a PHIM (Nightingale) Site? ____
3. Who is the site Internet Service Provider (ISP)? _____

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4. What is the type of connection (<i>e.g.</i> DSL (Aliant High Speed Internet), coax, fibre op, etc.)? _____
5. What is the speed of the connection (upload and download)? _____
6. Does the connection have a static IP address? _____
6a. What is the IP address of the connection? _____
7. Does the site have a VPN connection to the nshealth.ca network? _____
7a. If the answer to 7 is yes, does it utilize a Secure Router? _____
8. How many networked devices (<i>e.g.</i> desktops, laptops, printers, etc.) are in use in the site? _____
9. Who is the technical contact for the site? _____ Email Address : _____ Phone Number : _____

