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 a community user requiring access to SHARE and/or DIS
2. Request a community user’s SHARE/DIS access be inactivated
3. Request a community user’s account be reactivated
4. Request a name change

These instructions will describe how to complete each section of this form for Community user’s access to SHARE and/or DIS.

User Identification:

- 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 their title with the Site.
- For ‘Healthcare Organization Name’, enter the name of your Site as indicated on your Site request form.
- For ‘Organization’s Main Address’, enter the street address of the Site.
- ‘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 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.
  - SAP User ID – not applicable.
  - Meditech ID – not applicable.
  - Active Directory ID – may be applicable if dual employment with the NSHA.

SHARE Clinical Portal - Provider and User Group Profile:

- For question 1, ‘What is the user’s role for which SHARE Portal access is requested?’ select the appropriate role
- For question 2, ‘Does the user require access to NSHA’s Electronic Legal Medical Record for Central Zone, contained in horizon Patient Folder (HPF) via SHARE?’ select No if community pharmacist. Note: if HPF access is requested, an HPF Agreement is required.
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:**

- Applicable only to prescribers or Sites with only one admin staff.
- Not available for community pharmacists.

**Account Details:**

- **Standard Access** – check this box if the user regularly works at your Site (i.e., is not a temporary employee). Indicate the date that access is requested to start.
- **Time Limited** – check this box if the user will be working at your Site temporarily. Indicate the date that access is requested to start and stop.
- **Reactivate Access** – check this box to reactivate an account that was previously inactivated. Indicate that date that the account is to be reactivated in the “Start Date” box. Also, check appropriate applications (SHARE Portal, HPF via SHARE or DIS Portal)
- **Deactivate Access** – check this box to inactivate an account and indicate that date of deactivation in the “Stop Date” box. Also, check appropriate applications (SHARE Portal, HPF via SHARE or DIS Portal). **You are required to deactivate an account immediately when a user with access is no longer working at your Site.**
- **Change of Name** – check this box and provide the required information.
- **Change of Access** – This is generally not required for most PHCO requests.

**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 refers to the ability to access SHARE/DIS from outside of hospital.

Please provide the following information.

- **User Name** (please print) – the user’s name
- **Title** – as indicated on Page 1 of the User Access Request Form
- **Clinic or Organization** – the name of your Site as indicated on Page 1 of the User Access Request Form
- **Telephone Number** – the phone number of your Site

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.