

# **EMR Users Access Request Form**

**Submit completed forms to CHR Intercom.  
Please allow three working days for processing**

**Please select the environment\*:**    Sandbox    Production

| <b>USER INFORMATION: (* Fields Are Mandatory) PLEASE PRINT</b> |  |
|--|--|
| Salutation   |  |
| First Name *   |  |
| Middle Name  |  |
| Last Name *  |  |
| College License # *  |  |
| College Affiliation  |  |
| Billing Number <sup>i*</sup>                                   |  |
| Province of Licensure  |  |
| Primary Specialty  |  |
| Prescriber Role  | YES      NO                              |
| Dept/Unit  |  |
| Email *  |  |
| Phone *  |  |
| Fax *  |  |
| Clinic Type *  | Individual      Group      Health Center |
| Primary Clinic*  |  |
| All other clinics that you work at. <sup>ii</sup>              |  |

Please select if user requires to be trained by an EMR advisor:

|  |   |  |
|--|---|--|
| CHR account is required from (YYYY/MM/DD)  |   |  |
| Is Locum / Casual / Resident?  |   | YES          NO<br>If YES, please provide an expire date: <sup>iii</sup>   |
| EMR Role   | Physician<br>Nurse Practitioner<br>RN (Registered Nurse)<br>LPN (Licensed Nurse Practitioner)<br>AH (Allied Health)<br>Clinic Lead<br>Locum | MOA (Medical Office Assistant)<br>MOA 1 <sup>iv</sup><br>Med Student (PGY1-3) <sup>v</sup><br>Med Student (PGY3-4) <sup>vi</sup><br>Resident<br>EMR Advisors <sup>vii</sup><br>SYS Admin |
| Please select all applicable if you need an additional access: <sup>viii</sup><br>Patient Chart Access (Encounters)    Appointments    Billing    Referrals<br>Please justify your additional access request:<br><div style="border: 1px solid black; height: 60px; width: 100%; margin-top: 10px;"></div> |   |  |

### CLINIC LEAD APPROVAL

The user has completed his/her privacy training, please create the CHR access

|                            |              |
|----------------------------|--------------|
| _____                      | _____        |
| Authorized by (print name) | Signature    |
| _____                      | _____        |
| Request Date               | Phone Number |
| _____                      | _____        |
|                            | Email        |

This form is to ensure that proper notification is given to the System Administrator regarding an end user's employment status for the purpose of account security and administration. This process will ensure that the end user's EMR access requirements are handled appropriately within a reasonable amount of time while providing a more secure system. An EMR Access Request Form for New EMR End Users' must be filled out for all new users

<sup>i</sup> If there is no billing number available, please type N/A  
<sup>ii</sup> Additional resource sets will be assigned to your profile to avoid overriding the patient charts  
<sup>iii</sup> Clinical Leads are responsible to notify the EMR program to disable an existing user,  
<sup>iv</sup> MOE 1 role can access list of patients and full patient charts  
<sup>v</sup> Med student year 1-3  
<sup>vi</sup> Med student year 3-4  
<sup>vii</sup> EMR Advisor and SYS Admin roles are reserved only for EMR Program use  
<sup>viii</sup> Please refer EMR Role details before requesting an additional access

|  | Patients | Appointments | Encounters | Billing | Referrals | Inbox | Prescription |
|--|----------|--------------|------------|---------|-----------|-------|--------------|
| <b>Physician</b>                         | Yes      | Yes          | Yes        | Yes     | Yes       | Yes   | Yes          |
| <b>Nurse Practitioner</b>                | Yes      | Yes          | Yes        | Yes     | Yes       | Yes   | Yes          |
| <b>RN (Registered Nurse)</b>             | Yes      | Yes          | Yes        | No      | Yes       | Yes   | No           |
| <b>LPN (Licensed Nurse Practitioner)</b> | Yes      | Yes          | Yes        | No      | Limited   | Yes   | No           |
| <b>AH (Allied Health)</b>                | Yes      | Yes          | Yes        | No      | Limited   | Yes   | No           |
| <b>Clinic Lead</b>                       | Yes      | Yes          | Yes        | Yes     | No        | Yes   | No           |
| <b>Locum</b>                             | Yes      | Yes          | Yes        | Yes     | Yes       | Yes   | Yes          |
| <b>MOA</b>                               | Yes      | Yes          | Limited    | No      | No        | Yes   | No           |
| <b>MOA1</b>                              | Yes      | Yes          | Limited    | Yes     | Yes       | Yes   | No           |
| <b>Med Student (PGY1-3)</b>              | Limited  | Limited      | Yes        | No      | No        | Yes   | No           |
| <b>Med Student (PGY3-5)</b>              | Limited  | Yes          | Yes        | No      | No        | Yes   | Yes          |
| <b>Resident</b>                          | Yes      | Yes          | Yes        | Yes     | Yes       | Yes   | Yes          |
| <b>EMR Advisors</b>                      | Yes      | Yes          | Yes        | Yes     | Yes       | Yes   | Yes          |

**Notes:**

- Permissions apply to patients registered in your clinic.
- Specialists need to use the override function to be able to access all patients