



# SHARE\DIS New Setup or Change User Access Request form for Private Healthcare Organizations

**Fax completed form to 902-407-3016**

*Do not email this form as it contains personal information and email is not secure.*

Required signatures: Authorized signatory (pg 2&3), User (pg 3 only)

**USER IDENTIFICATION: Complete ALL fields in this section for new and existing users**

<input type="checkbox"/> New SHARE Portal User	<input type="checkbox"/> Existing SHARE Portal User	Enter Existing SHARE Portal User ID:
<input type="checkbox"/> New DIS Portal User*	<input type="checkbox"/> Existing DIS Portal User*	Enter Existing DIS Portal User ID:

\* **NOTE:** This option is for direct access to DIS Portal (for e-prescribing and/or update), not through SHARE Community Med Profile Tab (view only)

**NOTE:** Applicant's First Name, Middle Name, and Last Name are **MANDATORY**. If a Middle Name does not exist, please write N/A  
**Enter Name exactly as appears on professional License**

Last Name:	First Name:
Middle Name:	Preferred or Nickname:
Position Title:	Professional License #:
Health Care Organization Name:	
Work Location Address:	Street Address
	Suite
	City/Province
	Postal Code
Work Phone #:	Work Email Address:

Are you a **current or past employee** at NS Health or IWK? If Yes, please enter NSHA/IWK User ID Below:

<input type="checkbox"/> Yes (past)	<input type="checkbox"/> Yes (current)	<input type="checkbox"/> No	NSHA/IWK User ID:
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**What is the user's role for which SHARE Portal access is requested?** (For view-only access to SHARE)

<input type="checkbox"/> Physician	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Dentist	
<input type="checkbox"/> Resident	<input type="checkbox"/> Registered Nurse Prescriber		
Administrative Role:	<input type="checkbox"/> Worklist Creation (Admin 2)	<input type="checkbox"/> Chart Prep (Admin 1)	<input type="checkbox"/> Chart Prep – DIS Only (Admin4)
Clinical Role (CLINIC). Check appropriate role below:			
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Psychologist	
<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Social Worker	
<input type="checkbox"/> Registered Dietitian	<input type="checkbox"/> Respiratory Therapist		

**Does the user require access to NSHA's Electronic Legal Medical Record for Central Zone, OneContent via SHARE?**  Yes  No

**DRUG INFORMATION SYSTEM PORTAL - PROVIDER AND USER GROUP PROFILE(only for e-prescribers):**

NOTE: This option is for direct access to DIS Portal (for e-prescribing and/or update), not through SHARE Community Med Profile Tab

<input type="checkbox"/> Physician	<input type="checkbox"/> Dentist Dental
<input type="checkbox"/> Midwife	<input type="checkbox"/> Hygienist
<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Optometrist
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse Prescriber

User Name: \_\_\_\_\_

**Account Details**

Check ALL that apply (Standard, Time Limited, Reactivate, Deactivate, Change of Name, or Change of Access):			
<input type="checkbox"/> Standard access (no expiry)  Start Date (YYYY-MM-DD):		<input type="checkbox"/> Time Limited (temporary employment)  Start Date (YYYY-MM-DD):  Stop Date (YYYY-MM-DD):	
<input type="checkbox"/> Reactivate Access: <input type="checkbox"/> SHARE <input type="checkbox"/> OneContent via SHARE <input type="checkbox"/> DIS Portal	Start Date (YYYY-MM-DD):	<input type="checkbox"/> Deactivate Access: <input type="checkbox"/> SHARE Portal <input type="checkbox"/> OneContent via SHARE <input type="checkbox"/> DIS Portal	Stop Date (YYYY-MM-DD):
<input type="checkbox"/> Change of Name	From:	To:	
<input type="checkbox"/> Change of Location	Please fill in the new location in the User Identification Section		

**STATEMENT OF ACCEPTANCE AND APPROVAL:**

**I declare that:**

1. I have reviewed and confirm the information in the PROVIDER AND USER GROUP PROFILE is accurate;
2. this user is authorized to access patient information available through SHARE in order to fulfill the requirements of his or her role in providing or supporting patient care;
3. this user has signed the SHARE Remote Access Terms of Use Agreement form and;
4. this user has completed, signed and faxed the applicable Challenge and Response form, which I have signed.

**I understand that providing access to remote users and devices exposes the nshealth.ca network to certain security risks. I accept responsibility for the risks imposed by this remote user. I agree to notify the User Access Control Group when this account is no longer needed so that remote access can be disabled.**

Individual with authority to sign on behalf of organization: <u>(Please Print)</u>	Signature	Date Signed
Name: Title:	X _____	Date (YYYY-MM-DD)
Work Phone #:	Work Email:	

*\*Please confirm the authorized signatory with your organization. Typically, the authorized signatory is the person who signed the SHARE Access legal agreement.*



# SHARE Remote Access/Terms of Use Agreement

User's Name (please print)

Title

Clinic or Organization

Telephone Number

All references to SHARE include access to NSHA's Electronic Legal Medical Record for Central Zone, contained in Horizon Patient Folder (HPF) via SHARE, as applicable. In consideration of receiving access to SHARE, the SHARE remote user (the "user") agrees to the following obligations:

1. The user agrees to complete the mandatory training modules as required by the SHARE Program and NS Health and Wellness, for example:
  - *SHARE Portal Users*: SHARE Privacy Zone and SHARE Fast Track Modules or OneContent(HPF) through SHARE Clinical Portal
2. The user has read the SHARE Privacy and Security Policy and understands their obligations including, but not limited to, (refer to the SHARE Privacy and Security Policy for a complete list of obligations):
  - The user shall only access SHARE in the performance of the user's role within the health care system; specifically when they have a care relationship with the patient and the information is necessary for the provision of health care;
  - Access to SHARE outside of the provision of care will be treated as a privacy breach;
  - The user is only permitted to print information from SHARE for the purposes of providing health care;
  - The user shall take reasonable precautions to ensure that information printed or being viewed from SHARE is not visible to any person without authorization to view the information;
  - No user shall reveal their password to another person, or allow it to be accessible to another person nor shall they allow another person to access SHARE information using their password. The user agrees that sharing passwords is in violation of this Agreement and may result in termination of access privileges;
  - The user shall immediately report any breach or suspected breach of privacy or security to the organization's Privacy Officer;
  - The user must notify the information services support provider of any potential duplicate patient records they identify in SHARE;
  - The user will be held accountable for any misuse of SHARE access and/or privileges. Any user found to have violated provisions within this policy and/or any other relevant policies and agreements may be subject to suspension or termination of SHARE access privileges and disciplinary action;
  - The user understands that the DHW has the authority to audit and monitor all access to SHARE at any time without notice or warning;
  - The user shall not access SHARE outside of Canada without express prior written permission from the Minister of Health and Wellness;
  - If accessing HPF(OneContent) via SHARE, the user is aware of all NSHA's policies applicable to HPF relating to privacy, confidentiality and security. These policies are available at [https://policy.nshealth.ca/Site\\_Published/NSHA/nsha\\_home.aspx](https://policy.nshealth.ca/Site_Published/NSHA/nsha_home.aspx) CH 30-100 Privacy and Confidentiality of Personal Health Information (PHI), CH 05-015 Computer Password, Acceptable Use of Information Technology NSHA AD-IT-005 and CH 05-070 Remote Access.
3. For users with access to the Personal Worklist screen in the SHARE Portal:
  - The user may enter only non-urgent administrative information related to follow-up of patients in the Notes field
  - The user is not authorized to enter urgent information, clinical information, or information related to clinical decisions in the Notes field because the Notes are not saved once a patient is deleted from the Personal Worklist.
4. The user has read and accepted the Remote Access Terms of Use agreement at [https://ictservices-help.novascotia.ca/NSHAIWK/Remote\\_Access\\_Terms\\_of\\_Use\\_Agreement\\_\(NSHA&IWK\).pdf](https://ictservices-help.novascotia.ca/NSHAIWK/Remote_Access_Terms_of_Use_Agreement_(NSHA&IWK).pdf)
5. The terms of this Agreement continue after termination of this Agreement.
6. This Agreement shall be governed by the laws of the Province of Nova Scotia.

To demonstrate their agreement, the parties have signed below:

*Print to sign*

**Individual who has AUTHORITY to sign on behalf of the private healthcare organization:**

User Name: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_