Integrated Assessment Record (IAR)
Business Sustainment Roles Request

PURPOSE OF THIS FORM

Add, change, and remove information about the IAR Roles:

- **Privacy Officer (PO)** – The PO is the privacy contact as identified on the Data Sharing Agreement.
- **Technical Lead** – The Technical Lead, or webservice contact, receives upload error logs and manages webservice account details.
- **EMPI Lead** – The Enterprise Master Patient Index (EMPI) Lead works with the EMPI Data Steward to resolve issues related to the assessment demographic information.

Fields labeled with an asterisk (*) are required.

HEALTH SERVICE PROVIDER (HSP) INFORMATION

Name*

HCCSS /LHIN*

Facility ID*

Address

For OH Use Only: Create new HSP account for EMPI set up? Yes ◉ No ◉

ADD CONTACT PERSON WITH ROLES

Name* Email* Phone*		Required Roles* ☐ PO ☐ Technical ☐ EMPI
Name* Email* Phone*		Required Roles* ☐ PO ☐ Technical ☐ EMPI
Name* Email* Phone*		Required Roles* ☐ PO ☐ Technical ☐ EMPI
Name* Email* Phone*		Required Roles* ☐ PO ☐ Technical ☐ EMPI

To authorize additional contacts, please see supplemental page 4.

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CHANGE CONTACT INFORMATION AND ROLES

Name*				Check all required roles ☐ PO ☐ Technical ☐ EMPI
New Name				
New Email		Phone*		
Name*				Check all required roles ☐ PO ☐ Technical ☐ EMPI
New Name				
New Email		Phone*		
Name*				Check all required roles ☐ PO ☐ Technical ☐ EMPI
New Name				
New Email		Phone*		
Name*				Check all required roles ☐ PO ☐ Technical ☐ EMPI
New Name				
New Email		Phone*		

To change additional contacts, please see supplemental page 5.

REMOVE USER ACCOUNTS

Name*		Email*	
Name*		Email*	
Name*		Email*	

To remove additional contacts, please see supplemental page 6.

Integrated Assessment Record (IAR)
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DECLARATION

By signing this form, I approve the addition, change or removal of Business Sustainment roles for the persons listed above. I understand that I am accountable for validating the business need of the role(s) for the assigned persons. I have verified the accuracy of the information provided herein.

User Authority Name*

Email*

Phone* Ext:

User Authority Signature* Date*

Email the completed and signed form to IAR_Submissions@ontariohealth.ca

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca

Integrated Assessment Record (IAR)
Business Sustainment Roles Request

SUPPLEMENTAL PAGE - ADD CONTACT PERSON WITH ROLES

Name*				Required Roles* ☐ PO ☐ Technical ☐ EMPI
Email*		Phone*		
Name*				Required Roles* ☐ PO ☐ Technical ☐ EMPI
Email*		Phone*		
Name*				Required Roles* ☐ PO ☐ Technical ☐ EMPI
Email*		Phone*		
Name*				Required Roles* ☐ PO ☐ Technical ☐ EMPI
Email*		Phone*		
Name*				Required Roles* ☐ PO ☐ Technical ☐ EMPI
Email*		Phone*		
Name*				Required Roles* ☐ PO ☐ Technical ☐ EMPI
Email*		Phone*		
Name*				Required Roles* ☐ PO ☐ Technical ☐ EMPI
Email*		Phone*		

Integrated Assessment Record (IAR)
Business Sustainment Roles Request

SUPPLEMENTAL PAGE - CHANGE CONTACT INFORMATION AND ROLES

Name*				Check all required roles ☐ PO ☐ Technical ☐ EMPI
New Name				
New Email		Phone*		
Name*				Check all required roles ☐ PO ☐ Technical ☐ EMPI
New Name				
New Email		Phone*		
Name*				Check all required roles ☐ PO ☐ Technical ☐ EMPI
New Name				
New Email		Phone*		
Name*				Check all required roles ☐ PO ☐ Technical ☐ EMPI
New Name				
New Email		Phone*		
Name*				Check all required roles ☐ PO ☐ Technical ☐ EMPI
New Name				
New Email		Phone*		
Name*				Check all required roles ☐ PO ☐ Technical ☐ EMPI
New Name				
New Email		Phone*		

Ontario Health

Integrated Assessment Record (IAR)
Business Sustainment Roles Request

SUPPLEMENTAL PAGE - REMOVE CONTACT PERSONS AND ROLES

Name*		Email*	
Name*		Email*	
Name*		Email*	
Name*		Email*	
Name*		Email*	
Name*		Email*	
Name*		Email*	
Name*		Email*	
Name*		Email*	
Name*		Email*	
Name*		Email*	
Name*		Email*	
Name*		Email*	