

Integrated Assessment Record (IAR) Health Service Provider & User Access Request

PURPOSE OF THIS FORM

Change Health Service Provider (HSP) contact information; reset passwords and reactivate accounts as well as add, change or remove user accounts and the following permissions:

- **Viewer:** User can view assessments within IAR
- **Uploader:** User can access IAR submission error logs
- **Privacy:** User can access privacy and security reports as well as audit logs in the IAR

Fields labeled with an asterisk (*) are required.

HEALTH SERVICE PROVIDER (HSP) INFORMATION

Name*

HCCSS/
LHIN*

Facility
ID*

Address

CHANGE HSP INFORMATION

New HSP Name*

New HSP Address*

For OH Use Only: Does the HINP need to set up a new HSP account for IAR? Yes No

PASSWORD RESET AND ACCOUNT REACTIVATION

Only required if the user is unable to reset the password by using the IAR self-service functionality.

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

To reset additional user accounts, please see supplemental page 4.

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ADD USER ACCOUNTS WITH PERMISSIONS

Name*	Permissions*	Viewer
Email*		Uploader
		Privacy

Name*	Permissions*	Viewer
Email*		Uploader
		Privacy

Name*	Permissions*	Viewer
Email*		Uploader
		Privacy

To create additional users, please see supplemental page 5.

CHANGE USER ACCOUNT INFORMATION AND PERMISSIONS

Note: User ID cannot be changed.

Name*	Check <u>all</u>	Viewer
New Name	required	Uploader
New Email	permissions	Privacy
User ID		

Name*	Check <u>all</u>	Viewer
New Name	required	Uploader
New Email	permissions	Privacy
User ID		

To change additional users, please see supplemental page 6.

REMOVE USER ACCOUNTS

Name*	Email*	User ID
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Name*	Email*	User ID
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Name*	Email*	User ID
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To remove additional users, please fill in supplemental page 7.

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DECLARATION

By signing this form, I approve the access, removal of access, or update of permissions within the IAR system for the persons listed above, including access to Personal Health Information, Personal Information and other health records in IAR. I understand that I am accountable for validating the need of the access I assigned to the persons listed above.

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

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SUPPLEMENTAL PAGE - PASSWORD RESET AND ACCOUNT REACTIVATION

Only required if the user is unable to reset the password by using the IAR self-service functionality.

Name*	Email*
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Name*	Email*
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Name*	Email*
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Name*	Email*
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SUPPLEMENTAL PAGE - ADD USER ACCOUNTS WITH PERMISSIONS

Name*	Permissions*	Viewer
Email		Uploader
		Privacy
Name*	Permissions*	Viewer
Email		Uploader
		Privacy
Name*	Permissions*	Viewer
Email		Uploader
		Privacy
Name*	Permissions*	Viewer
Email		Uploader
		Privacy
Name*	Permissions*	Viewer
Email		Uploader
		Privacy
Name*	Permissions*	Viewer
Email		Uploader
		Privacy
Name*	Permissions*	Viewer
Email		Uploader
		Privacy

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SUPPLEMENTAL PAGE - CHANGE USER ACCOUNT INFORMATION AND PERMISSIONS

Name*	Check <u>all</u> required	Viewer
New Name	permissions*	Uploader
Email*	User ID	

Name*	Check <u>all</u> required	Viewer
New Name	permissions*	Uploader
Email*	User ID	

Name*	Check <u>all</u> required	Viewer
New Name	permissions*	Uploader
Email*	User ID	

Name*	Check <u>all</u> required	Viewer
New Name	permissions*	Uploader
Email*	User ID	

Name*	Check <u>all</u> required	Viewer
New Name	permissions*	Uploader
Email*	User ID	

Name*	Check <u>all</u> required	Viewer
New Name	permissions*	Uploader
Email*	User ID	

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SUPPLEMENTAL PAGE - REMOVE USER ACCOUNTS

Name*	Email*	User ID
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Name*	Email*	User ID
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Name*	Email*	User ID
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