

Integrated Assessment Record (IAR) User Authority Maintenance Request

PURPOSE OF THIS FORM

Add, change or remove the User Authority (UA) by an existing UA or a senior staff with binding authority.

- The UA is responsible for authorizing the addition, update and removal of IAR User Accounts and Roles.
- The Health Service Provider (HSP) is requested to assign a minimum of two UAs for backup purposes.

Fields labeled with an asterisk (*) are required.

HEALTH SERVICE PROVIDER INFORMATION

HSP Name*

HCCSS/LHIN*

Facility
ID*

HSP Address

ADD USER AUTHORITY

Name*

Email*

Phone*

Signature Sample*

Name*

Email*

Phone*

Signature Sample*

CHANGE USER AUTHORITY CONTACT INFORMATION

Name*

New Name

New Email*

New
Signature
Sample _____

New Phone*

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Name*	New Signature Sample _____
New Name	
New Email*	New Phone*

REMOVE USER AUTHORITY

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

DECLARATION

For the above-mentioned changes, an existing User Authority or a senior staff with binding authority **must sign** to authorize the change.

By signing this form, I approve the addition, change or removal of the User Authority role for the persons listed above. I understand that I am accountable for the validation of the business need of the role for the assigned persons.

I have verified the accuracy of the information provided herein.

I am not a User Authority but I have binding authority for this organization.

Assign me the User Authority role.

Name*

Title

Email*

Phone*

Ext:

Signature*

Date*

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