Ontario Health – Integrated Assessment Record (IAR)

REPORTS RECIPIENT FORM
For Regions who are receiving reports via IAR

This electronic form is structured by the former LHINs. To request access, please complete the form. This form is also to be used to update changes to the name, title or email address of your report recipients or change of name or details to your organization.

Sections A and G are mandatory. The other sections of this form are relevant when your Region needs to:

1. Add a reports recipient(s) - complete Section B
2. Modify information about an existing recipient(s) - (name, title or email address) - complete Section C
3. Modify information about your organization - complete Section D
4. Remove a reports recipient or discontinue receiving reports - complete Section E
5. Reset password - complete Section F

SECTION A: MANDATORY INFORMATION

Organization Name and Action Requested	Details
Organization Name	
Region	
Action requested – Choose from B-F below	
Date Action requested (dd/mm/yyyy)	
IAR End User Internet Protocol (IP) Address	

SECTION B: ADD REPORT RECIPIENT(S)

Add Recipient	Information
Report Recipient 1 – First Name	
Report Recipient 1 – Last Name	
Report Recipient 1 – Title/ Position	
Report Recipient 1 – Email Address	

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Add Recipient	**Information**
Report Recipient 2 – First Name	
Report Recipient 2 – Last Name	
Report Recipient 2 – Title/ Position	
Report Recipient 2 – Email Address	
Report Recipient 3 – First Name	
Report Recipient 3- Last Name	
Report Recipient 3- Title/Position	
Report Recipient 3 – Email Address	
If more space is required, please attach another page, with recipient, name and email address	

SECTION C: CHANGE REPORT RECIPIENT(S) INFORMATION

Change Recipient	**Current Information**	**New Information**
Report Recipient 1 – First Name		
Report Recipient 1 – Last Name		
Report Recipient 1 – Title/ Position		
Report Recipient 1 – Email Address		
Account Information to be changed on or before (dd/mm/yyyy)		
Reason for change (if a replacement, fill out section E)		
Report Recipient 2 – First Name		
Report Recipient 2 – Last Name		
Report Recipient 2 – Title/ Position		

Change Recipient	Current Information	New Information
Report Recipient 2 – Email Address		
Account Information to be changed on or before (dd/mm/yyyy)		
Reason for change (if a replacement, fill out section E)		

SECTION D: CHANGE ORGANIZATION INFORMATION

Change Organization	Current Information	New Information
Organization Name		
Region		
Organization Information to be changed on or before (dd/mm/yyyy)		
Reason for change		

SECTION E: REMOVE REPORT RECIPIENT(S)

Remove Recipient	Information
Report Recipient 1 – First Name	
Report Recipient 1 – Last Name	
Report Recipient 1 – Email Address	
Account to be removed on or before (dd/mm/yyyy)	

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Remove Recipient	Information
Special Instructions	
Report Recipient 2 – First Name	
Report Recipient 2 – Last Name	
Report Recipient 2 – Email Address	
Account to be removed on or before (dd/mm/yyyy)	
Special Instructions	

SECTION F: RESET PASSWORD

Reset Password	Information
Report Recipient 1 – First Name	
Report Recipient 1 – Last Name	
Report Recipient 1 – Email Address	
Report Recipient 2 – First Name	
Report Recipient 2 – Last Name	
Report Recipient 2 – Email Address	

SECTION G: AUTHORIZATION

The Authorizer for the organization must authorize the addition, change, or removal of a user's access to IAR Reports by signing below.

The designated reports recipients have received privacy training and are aware of this organization's legal obligations with respect to privacy and security and will not use or share the information in these reports to attempt to re-identify individuals. The designated reports recipients have read and agree to the attached Terms of Service agreement attached hereto.

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Authorizer	Details
First Name	
Last Name	
Email Address	
Phone Number	
Signature	

For Internal Use Only	Details
Support Centre Ticket Number	
Authorizer verified	☐
Request Completion Date in IAR (dd/mm/yyyy)	
Request Completed By	
Region is entitled to receive reports	☐
Notes	

Email the completed and signed form to IAR_Submissions@ontariohealth.ca. If you have any questions, please contact us by visiting https://www.ontariohealth.ca/providing-health-care/clinical-resources-education/community-care-resources-support.