PHIMS Account Request Form – Pharmacy/Non-Public Health

Submit completed form to: servicedesk@sharedhealthmb.ca
Subject line: PHIMS - User Account request form – Site / Clinic name

Site / Clinic Name:		**Holding Point Number (if applicable):**	
Authorized Sponsor (name & title):		**Authorized Requestor (name & title):**	
Phone Number:		**Phone Number:**	
Email Address:		**Email Address:**	

Remote Access services are required for all Pharmacies, and non-Public Health sites. There is an ongoing cost of $75 per user, per year.

Notes

- This form must be submitted by an Authorized Account Sponsor or Requestor that Shared Health has on file.
- If a user works at more than one location, an account must be requested at each site.
- In compliance with the Personal Health Information Act (PHIA), each person that requires access to PHIMS must have their own account.

Types of Requests

- Add New: Select if you are requesting a new account, and if the user has never had a Shared Health or Regional Health Authority account.
- Modify Existing: Select if the user had a previous, or has an existing, Shared Health or Regional Health Authority account.
- Disable Existing: Select if you are requesting to remove a user's PHIMS account.

Type of Request	Legal First Name	Middle Name / Initial	Legal Last Name	Phone Number	Email Address	Shared Health Network ID *(Required if exists)*	Professional License No. *(Required if applicable)*	Title / Position	Remote Access
									Yes
									Yes
									Yes
									Yes
									Yes
									Yes
									Yes
									Yes
									Yes
									Yes