

PHIMS Account Request Form – Pharmacy/Non-Public Health

Submit completed form to the <u>Shared Health Service Desk</u>.

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		 Types of Requests Add New: Select if you are requesting a new account, and if the user has never had a 							

- 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.

- 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