

PHIMS Authorized Requesters & Sponsor Information

Add New, Modify or Remove Form

Authorized Account Sponsor (Current): _____
 Email address/phone: _____

Authorized Account Requestor (Current): _____
 Email address/phone: _____

Add new	Modify	Remove	Name	Title	Email	Phone	Service Delivery Location	Sponsor	Requester	Report Requester (Authorized to request reports from Indigenous Services Canada)

Authorization

Submitting this form will confirm that the above noted individual(s) have been authorized by the site's Authorized Sponsor to fulfill the responsibilities of the assigned role(s); as outlined in the PHIMS Site responsibilities regarding user accounts.

Please see the [PHIMS Website \(Getting Access Page\)](#) that provides the detailed responsibilities of a PHIMS Authorized Requester, Sponsor and Report Requester. If you are not aware of the roles currently assigned at your site please contact us at the email address listed below.

Please send completed form to the Service Desk at servicedesk@manitoba-ehealth.ca

IMPORTANT: When submitting this form to the Service Desk, you will receive a confirmation email with an incident number. Please retain this number and reference it when inquiring about your request.

Submit via email

Save form