

# eCHN Portal Access Application Form

## Form B: New Solitary Healthcare Practitioner Client Registration

Version 3.0 (November 12, 2018)



### Application Form Instructions

There are different application forms for access to the eCHN Portal depending on what type of entity the applicant is.

This form initiates the application process for a **Solitary Health Care Practitioner, as defined below.**

“**Solitary Healthcare Practitioner**” means a regulated healthcare practitioner operating his/her own practice and accountable as a single health information custodian (as that term is defined in Ontario’s *Personal Health Information Protection Act* (PHIPA)) for all employees working at the practice.

If you are a Solitary Healthcare Practitioner, please complete Parts 1, 2 and 3 of this form and submit it to the eCHN Help Desk. All fields are mandatory unless indicated otherwise.

The eCHN Help Desk will contact you with the next steps in the application process. Note: if you have any administrative or support staff who wish to access the eCHN Portal on your behalf, they must each complete a separate eCHN Portal Access Application (Form C) to obtain their own login credentials. The eCHN Help Desk can guide you through that process.

Upon approval of your application, eCHN will issue login credentials. The first time you login, you must execute an online click-through agreement containing the [eCHN Terms and Conditions](#).

Submit your completed form to the eCHN Help Desk by fax: 416-813-8294 or email: [helpdesk@echn.ca](mailto:helpdesk@echn.ca).

### Part 1 – Solitary Healthcare Practitioner Applicant Details

Business Name that your practice operates under (if different than your name):

Salutation Miss	Dr. Mrs.	Mr. Ms.	First Name	Last Name
Practice Address ( <i>Number and Street</i> )			City and Province	Postal Code
Business Telephone ( <i>incl. Extension</i> )				Business E-mail
Professional Role (Physician, Optometrist, etc.):				Professional College License Number (e.g. CPSO, CNO, etc.):

 **Go to Part 2 (pg. 2)**

## Part 2 – Access Type

Please indicate which eCHN Portal functionality you are requesting access to (see below for descriptions):

**WebChart and eReferral** [Note: this option is not available to Users located outside of Ontario]

### Descriptions:

- **WebChart:** WebChart provides access to the pediatric records in the eCHN repository which includes data from over 70 Ontario hospitals and other health information custodians.
- **eReferral:** eReferral provides a gateway to various patient referral applications hosted by third party eReferral Clients.
  - eCHN will share the registration details provided on this form with third party eReferral Clients to facilitate a seamless referral experience.
  - eReferral includes a delegation tool which permits healthcare practitioner Users to delegate submission and tracking of e-Referrals on their behalf to other authorized eCHN Users (e.g., admin, Locum Physician, etc.)

## Part 3 – Authorization

### Solitary Healthcare Practitioner Agreement:

As the applicant identified in Part 1, I confirm that the statements made in this eCHN Portal Access Application Form are accurate and true. By signing below, I am submitting this application in my personal capacity. I acknowledge that as a condition to being granted access to the eCHN Portal, upon my first login I must execute an online agreement to certify that I have read, understand and agree to comply with the [eCHN Terms and Conditions](#).

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Solitary Healthcare Practitioner Signature

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Date

Submit the completed application to:  
eCHN Help Desk  
Fax: 416-813-8294 or Email: [helpdesk@echn.ca](mailto:helpdesk@echn.ca)  
If you have any question, please contact us at:  
Phone: 416-813-7998, Toll Free: 1-877-252-9900