

# MyHealthPEI Provider Portal Access Application Form

For support with the application process please contact [myhealthpei@gov.pe.ca](mailto:myhealthpei@gov.pe.ca)

**Note:** Personal information on this form is collected under the *Health Information Act* and Regulations. This information is required in order to process your application to access the provider portal.

GENERAL USER INFORMATION			
<b>First Name:</b>		<b>Last Name:</b>	
<b>Professional Licensing and Regulating Organization:</b>			
<b>Profession Type:</b>		<b>License Number:</b>	
<b>Place of Practice (list all):</b>			
<b>Email used to access Provider Portal</b> (We recommend using a personal email address. Two-factor authentication (2FA) will be required each time you log in.)			
<b>Will you use a personal device and/or network connection to access MyHealthPEI Provider Portal?</b> (If Yes, you are legally obliged to use a device and network that is secure and equipment with current antivirus and firewall protection)			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Functionality Alerts</b> Do you consent to being contacted by the MyHealthPEI team to receive notice about any potential outages or operational/functionality issues?			

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## DECLARATION OF PRIVACY TRAINING

Privacy and Security Training must be completed prior to submitting application.

Material can be found here: <https://src.healthpei.ca/myhealthpei>

I declare that I have read and understood the Privacy and Security Training materials distributed by the MyHealthPEI team and have obtained a passing score in the associated competency exam.

Date exam completed: \_\_\_\_\_

I did not complete Privacy and Security Training.

## ACKNOWLEDGMENT AND SIGNATURE

You are accessing MyHealthPEI as an Authorized User on behalf of a participating health care provider (the "Participant"). Your use of MyHealthPEI is governed by the Provider Participation Agreement between Health PEI and the Participant.

Please read the Terms of Use and Privacy Statement found by visiting:

<https://src.healthpei.ca/myhealthpei>

Any breach of your obligations under the HIA or the Terms of Use may result in:

- Termination of access to the MyHealthPEI Provider Portal
- Disciplinary action by your employer or professional College
- Fines or penalties under the HIA or other laws

By signing below, you acknowledge that you have read and understand your obligations under the MyHealthPEI Participation Agreement in your capacity as either an Authorized User or Participant; and

You will follow all applicable privacy, security, and usage requirements when using MyHealthPEI as outlined in the Terms of Use and Privacy Statement; and

You understand that failure to comply may result in consequences as outlined above.

**Signature:**

**Date:**

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<b>SITE MANAGEMENT APPROVAL</b>			
<p>This application must be signed by a site manager or someone designated by the Participant. Approvers are responsible for notifying MyHealthPEI when a user's access must be revoked for any reason (resignation, privacy breach etc.)</p>			
Place of Practice #1			
<b>Approved by:</b> (Print Name)			
<b>Place of Practice</b>		<b>Phone number</b>	
<b>Signature:</b>		<b>Date:</b>	
Place of Practice #2 (if applicable)			
<b>Approved by:</b> (Print Name)			
<b>Place of Practice</b>		<b>Phone number</b>	
<b>Signature:</b>		<b>Date:</b>	
Place of Practice #3 (if applicable)			
<b>Approved by:</b> (Print Name)			
<b>Place of Practice</b>		<b>Phone number</b>	
<b>Signature:</b>		<b>Date:</b>	

SEND COMPLETED AND SIGNED APPLICATION TO:  
[myhealthpei@gov.pe.ca](mailto:myhealthpei@gov.pe.ca)