

**Mental Health and Addictions**  
**Provincial EMR Change User Access Request Form**

**Health PEI**

Please submit completed forms to [emrsupport@gov.pe.ca](mailto:emrsupport@gov.pe.ca)

This form is to ensure that proper notification is given to the System Administrator regarding an end user's employment status for the purpose of account security and administration. It could take 1-3 business days to update EMR access. This form must be filled out for all user change requests.

**USER INFORMATION: (\* Fields are mandatory)**

First Name\*

Middle name\*

Last Name\*

Email\*

Phone\*

**Change requested**

Effective date (MM/DD/YY)

Disable EMR access?

YES

NO

Appointments/Schedules/Qnaire: Forward

Cancel

Name of provider to forward to:

**Site(s) Information** Select all locations where you work

Alberton Addictions

Alberton CMH

**EMR Role**

Please see:

Choosing  
the  
appropriate  
roles below

DI/CIS/Lab results (Providers only)

Enable

Disable

Please explain/justify your additional access request:

### CLINIC LEAD APPROVAL

**This request must be signed by an authorized approver:**

*(Physicians/NP, Medical Affairs, Non-HPEI Clinics, Residents, NP Students, Medical Students, that they will be working for/with, who is an existing EMR User OR Locum Coordinator OR Supervisor/Manager. **(Supervisors/Managers are responsible to notify the EMR program to disable an existing user with the EMR Change user request form***

Authorized by (print/type name)

Signature

Phone

Request Date

E-mail

***Form Updated: March, 2025***