

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

Please submit completed forms to 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?	<div style="display: flex; justify-content: space-around;"> YES NO </div> <div style="margin-top: 10px;"> Appointments/Schedules/Qnaire: Forward Cancel </div> <div style="margin-top: 10px;"> Name of provider to forward to: </div>	
Site(s) Information Select all locations where you work		
Addictions Intensive Day Prgm	Lacey House	Souris-CMH
Alberton Addictions	McGill-CMH	St. Eleanors House
Alberton-CMH	Montague - Addictions	Strength Program
Behavioural Support Team	Montague - CMH	Student Well-being team
Brackley Stables	Operational Stress Injury	Summerside-Addictions
Community Outreach Centre	PATF	Summerside-CMH
Dept. of Psychiatry	Richmond Centre - CMH	Summerside-M.C
Dr.Stewart-Psychiatry	Small Options Homes	Talbot House
Insight Program	Souris - Addictions	
EMR Role		
Please see: Choosing the appropriate roles below	MHA Admin Read-Only MHA Clinical Read-Only MHA Physician/NP MHA Supervisor MHA RN/LPN MHA AHP Licensed MHA AHP Unlicensed	MHA Medical Office Assistant MHA Addiction Worker MHA Youth Worker-Insight MHA Youth Worker-Strength MHA Youth Worker- SWT MHA Student SSW 13- Transitional Housing

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