

WebDI Access Application Form

First Name	<input type="text"/>
Middle Name	<input type="text"/>
Last Name	<input type="text"/>
Salutation	<input type="text"/>
Job Title	<input type="text"/>
Do you have an existing webDI / iSite Account?	<input type="text"/>
If yes, enter your webDI / iSite user ID (login ID)	<input type="text"/>
Clinical Area	<input type="text"/>
Functional Role	<input type="text"/>
Site	<input type="text"/>
Email	<input type="text"/>
Employee #	<input type="text"/>
Physicians - MSP #	<input type="text"/>
Residents - ID #	<input type="text"/>
Reason for Access	<input type="text"/>
<small>Please provide a brief description, or scenario, describing why access is critical to your job function. This becomes your "Authorized Purposes"</small>	
Manager's Name	<input type="text"/>
Manager's Title	<input type="text"/>
Manager's email	<input type="text"/>
Manager's telephone	<input type="text"/>

All requests must be authorized by either a Hospital Dep't Head (for Physicians) or Manager/Supervisor (for non-physicians). Please note: All non-physician access for clinical support purposes MUST be authorized by a physician.

By submitting this Access Request Form, you are confirming that all the information you have provided is true to the best of your knowledge and you agree to the Terms of Use. Providing false information or non-compliance with the Terms of Use may result in the immediate termination of your access privileges and further disciplinary action.

Signature _____ **Date** _____

Fax both pages to 604-875-4342 or scan and email both pages to VCHRegionalWebViewer@vch.ca

WebDI - Terms of Use

Your use of the webDI system to which you have been granted access in connection with this Access

- 1 You will use the System and information contained therein only for the purpose(s) identified on the WebDI Access Application Form (the "Authorized Purpose(s)").
- 2 You will access information, including "personal information", as defined in the BC Freedom of Information and Protection of Privacy Act (FIPPA) ("Personal Information"), within the System only as necessary to perform your duties as an employee, service provider, contractor or representative of the Health Authority in connection with the Authorized Purpose(s).
- 3 For users whose Authorized Purpose(s) does not include "Clinical" or "Clinical Support", you will only access and use the minimal number of personal identifiers, such as names, PHNs, MRNs, birthdates, addresses, postal codes, phone numbers and other Personal Information that may be used to associate information to the individual to whom it pertains, necessary to perform your duties in connection with the Authorized Purpose(s).
- 4 You will not access your record or those of family, friends or others, unless you are directly involved in the ongoing delivery of care or other services to them through your relationship with the Health Authority.
- 5 You will not copy or export webDI images for personal use. You will not copy or export webDI images for clinical use unless the images are de-identified or stored on a password protected and encrypted device.
- 6 For users whose Authorized Purpose(s) is "Clinical" or "Clinical Support", you will only use and disclose Personal Information obtained through the System for purposes directly related to the ongoing delivery of care or other services to the individual the information is about.
- 7 You will not use or disclose Personal Information obtained through the System for research purposes, unless officially authorized by the Health Authority and done in accordance with applicable policies.
- 8 You will not disclose your password to others or allow others to use your account.
- 9 You will immediately report to your Health Authority's Information Privacy Office any loss or potential or actual unauthorized disclosure of Personal Information.
- 10 You will comply with all applicable Health Authority computer information system usage, privacy and other policies and applicable laws, including FIPPA.
- 11 You will comply with this Terms of Use in respect of information obtained through the System whether in electronic or printed form.
- 12 You acknowledge that failure to comply with this Terms of Use may lead to disciplinary action, including revocation of access privileges, professional sanctions, suspension or termination of employment or services.

User Acknowledgement and Undertaking

By signing this Access request Form, you are confirming that all the information you have provided is true to the best of your knowledge and you agree to the Terms of Use set out above. Providing false information or non-compliance with these Terms of Use may result in immediate termination of your access privileges and further disciplinary action.

Print Name Clearly:

ID Number:

Signature:

Date:

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