



COVID REFERRAL QUEUE REGISTRATION FORM

*** Incomplete Forms will not be processed. All fields are required. ***

Please scan/email all registration forms to Identity Management at
identity.management@nlchi.nl.ca

Personal Health Information Act (PHIA) Training completed?	Yes
<i>PHIA training is mandatory. If not completed see instructions in section 1</i>	

Mrs.	Ms.	Mr.	First Name _____	Middle Name _____	Last Name _____
Occupation _____ If Other, please specify _____					
Facility Name (<small>No abbreviations. Full business name required.</small>) _____			Region _____		
Facility Address _____			City/Town _____		Postal Code _____
Facility Ph. _____		Cell Ph. _____		RHA Email Address _____	
User's Legal First and Last Name _____			User's Signature _____		Date _____
Manager/Clinical Educator:					
Manager/Clinical Educator First, Last Name _____			Manager/Clinical Educator Signature _____		Date _____
Manager/Clinical Educator Phone _____			Manager/Clinical Educator Email Address _____		

Section 1 - PHIA Training
<ul style="list-style-type: none"> • All users are required to complete PHIA training • PHIA training can be accessed at: http://nlchi.skillbuilder.ca/courses/list • Click “Sign Up” (found at the top right) to register, or click “Sign In” (found at the top right, to the left of Sign Up) to verify if you have already completed the PHIA training. • If you need to complete the PHIA training, after registering the course you should select is: “Custodian-Direct Contact with Personal Health Information”

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CONFIDENTIALITY AND ACCEPTABLE USE

The information collected on this form will be used to support the operation of the Referral App, including user identification, account management and auditing. This information may also be used for planning and analytics purposes.

As a user of the Referral App, you agree to:

- Comply with all statutory, regulatory and policy requirements to keep confidential any identifying information.
- Notify the Centre's Service Desk if you no longer require access to the Referral App.
- Review the available education and training material provided by the Centre on an ongoing basis.
- Understand that unauthorized disclosure of identifying information obtained through the Referral App may result in penalties as described in relevant legislation and/or termination of access.

This agreement outlines your responsibilities regarding the access, use and disclosure of the personal health information contained within the Referral App. Additional information on the Personal Health Information Act can be found at <http://www.health.gov.nl.ca/health/PHIA/>. By signing above you agree that you understand and agree to comply with below terms/conditions and that all information provided during the registration process is accurate and true.

Acceptable Use: You agree to not access, collect, use, or disclose any clinical or other personal health information maintained in the Referral App for any purpose or in any way other than those authorized under appropriate legislation, policies, and standards of practice. You agree that you will not use Referral App for an illegal or improper purpose, or take steps that would have a negative impact on the security, integrity or functioning of the Referral App

Confidentiality: You agree to treat as confidential all information collected, used and disclosed in association with the Referral App, whether verbal or written, and will not participate in or permit the unauthorized release, publication or disclosure of that information to any person, corporation or other entity under any circumstances except as authorized by legislation, policies, and standards of practice.

Passwords: You agree to keep your password absolutely confidential; it is for your use alone. You agree not to distribute or share your username and password with anyone.

If your password becomes known: You agree that if you suspect someone else knows your password you will notify NLCHI's Service Desk at 1- 877752-6006 or in person at 70 O'Leary Ave. St. John's as soon as possible and follow the instructions given to you by NLCHI.

Your application will be processed within 5-10 business days. If you have not been contacted within this time frame, please contact us as there may be an error with your application.

Email: identity.management@nlchi.nl.ca

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