

Request to Change Identity Provider (iDP) for Access to ClinicalConnect

I request the HITS eHealth Office change my organization's Identity Provider (iDP) identified in the Participation Agreement as follows. Note: all fields are mandatory.

From iDP:

To iDP:

Effective: _____ (mm/dd/yyyy)

Legal Organization Name: _____

Full Name of Organization's Legal Signing Authority: _____

Legal Signing Authority's Signature: _____

Date Signed: _____

Option to sign this form with a Digital ID/Signature may not be available depending on your version of Adobe.

If transitioning to either ONE® ID or your own organization as an Ontario Health Digital Services' Identity Provider, please provide the following:

Name of Primary ONE® ID LRA: _____

Phone: _____

Email: _____

Return completed form to HITS eHealth Office at Hamilton Health Sciences by email to agreements@clinicalconnect.ca or fax: 905-577-8260.

ClinicalConnect Administration Team
Hamilton Health Sciences