

Sole Practitioners Completing the ClinicalConnect Participation Agreement

Completion Instructions: Please review this document for tips on how to complete the Participation Agreement for Sole Practitioners. If you have further questions, please contact your local cSWO Delivery Partner team or email agreements@clinicalconnect.ca for assistance.

This online form is supported with the following minimum system requirements when using the following Internet Browsers:	
Microsoft Edge	Latest Version
Internet Explorer (Windows only)	8.0 or above - Compatibility mode is supported only for 9.0 and above
Mozilla FireFox	Latest Version
Google Chrome	Latest Version
Apple Safari (Mac OS only)	6.2 or above
Mobile Signing minimum system requirements:	
Apple	iOS 7.0 or above
Android	4.0 or above

1. Legal Signing Authority's Name & Email

Enter your full name and email address.

Participation Agreement Signing Authority's Information

The Participation Agreement Signatory is an individual who is authorized to bind your organization in an agreement with Hamilton Health Sciences Corporation ("HHS").

Please enter your name and email to begin the signing process.

Your Role:

Sole Practitioner Agreement Signatory *

Your Name:

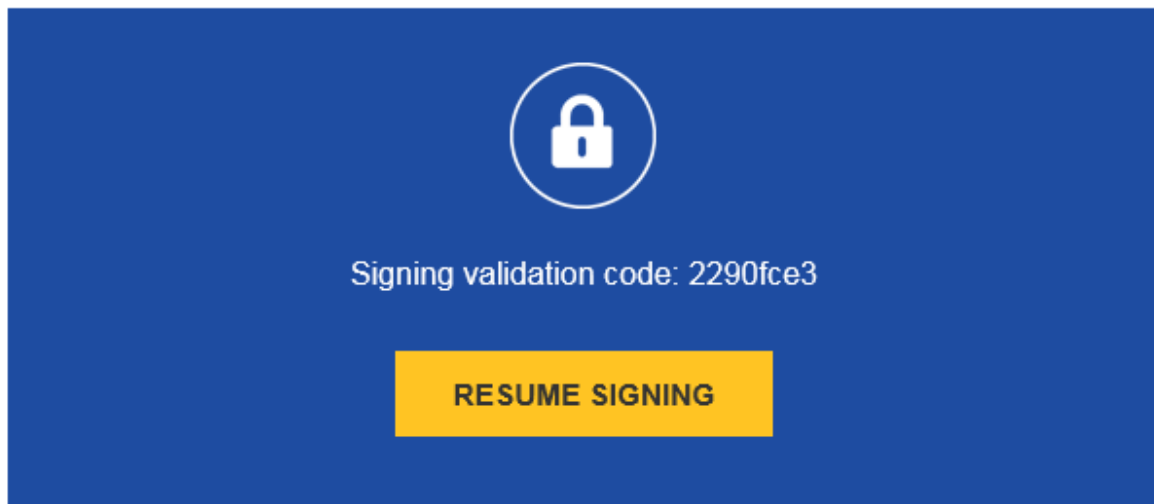
Dr. John Doe

Your Email:

johndoe@gmail.com

2. Email Access Code

You will receive an email with an access code.

A blue rectangular box containing a white padlock icon in a circle. Below the icon, the text "Signing validation code: 2290fce3" is displayed. At the bottom center, there is a yellow button with the text "RESUME SIGNING" in black.

Copy and enter the validation code into the access page to continue signing the ClinicalConnect Participation Agreement.

If you did not start signing Sole Practitioner - ClinicalConnect Participation Agreement, please contact your local cSWO Program Change Management and Adoption Delivery Partner or the ClinicalConnect Program Office.

Powered by  DocuSign.

Enter the access code from the email to validate your email account.

Please enter the access code to view the document

 ClinicalConnect Program Office
Hamilton Health Sciences

An email has just been sent to your email address with a special validation code in it. To proceed to sign your documents please open your email, and enter the code into the box below. Keep this browser window open while you get your email.

Access Code

3. Part 1: Participant Organization Details

ClinicalConnect Participation Agreement

Version 3.0 (July 3, 2018)

Form Completion Instructions: Please complete all fields as specified. As a Sole Practitioner (Physician) operating your practice as a Professional Corporation, please provide the corporation name (i.e. *Dr. John Doe Medicine Professional Corporation*).

Part 1: Participant Organization Details

Sole Practitioner Medicine Professional Corporation Name (or Sole Practitioner Legal Name if no MPC in place)	Dr. John Doe
Primary Business Address	1234 Main St.
Suite/Unit/Floor	
City/Town	Hamilton
Postal Code (e.g. K1A0B1)	K1A 0B1
Business Telephone (e.g. 1234567890)	12345678
Business Fax (e.g. 1234567890)	12345678
CPSO #	12345

Tips:

- Sole Practitioners can use their name as their “Organizational Legal Name”:
 - Example - *Dr. John Doe* or in the case of a professional corporation, *Dr. John Doe Medicine Professional Corporation*;
 - If you are incorporated as a Professional Corporation but require any additional information about your Professional Corporation name, check the CPSO’s website: <http://www.cpso.on.ca/public-register/all-doctors-search>.
- “Primary Business Address” refers to the Sole Practitioner’s Practice Office Address.

Is the organization identified in Part 1 above a health information custodian (HIC) within the meaning of the *Personal Health Information Protection Act, 2004* (PHIPA)?

Is the organization identified in Part 1 above a health information custodian (HIC) within the meaning of the *Personal Health Information Protection Act, 2004* (PHIPA)?

- What is a Health Information Custodian (HIC)? A HIC includes:
 - **Health care practitioners** or a **group practice** of health care practitioners. The term “health care practitioner” includes the following persons when they are providing health care:
 - a member of a regulated health profession under the *Regulated Health Professions Act, 1991* (e.g. a physician, dentist or nurse);
 - a registered drugless practitioner under the *Drugless Practitioners Act* (e.g. a naturopath);
 - member of the Ontario College of Social Workers and Social Service Workers;

- any other person whose *primary* function is to provide health care for payment.
Example - an acupuncturist psycho therapy.

Organizational Status (select the appropriate classification)

Organizational Status (select the appropriate classification):

If Organizational Status is Other, or Created Under Statute, please explain:

Tip:

- If you are unsure of your organizational status, refer to your incorporation documentation if applicable.

Part 2: Site(s) or Program(s)/Service(s) Being Applied For (if applicable)

Part 2: Site or Program/Service Being Applied For

- If you are only applying for access to ClinicalConnect for one practice, provide the site name (and program/service name, if applicable), plus corresponding contact information as required below.
- Normally, only sites or programs operating in LHINs 1-4 qualify for access to ClinicalConnect.

Location/Office Name #1:	Dr. John Doe
Program/Service Name (if applicable):	
HIC Type:	Sole Practitioner (individual physician) ▼
Street Address:	1234 Main St.
City:	Hamilton
Postal Code (e.g. K1A0B1):	K1A 0B1
Phone (e.g. 1234567890):	12345678
LHIN the office is located in	Hamilton Niagara Haldimand Brant - LHIN 4 ▼

Tips:

- **“Location/Office Name #1”** refers to the name of the location or office for which you’re applying to access ClinicalConnect. Example - *Dr. John Doe Medicine Professional Corporation* or *Hamilton Walk-In Clinic*, etc.
- **“Program/Service Name (if applicable)”** should be completed if the location/office offers a specific program/service. Example – *Sexual Health Clinic*.
- **“Street Address”** refers to the location/office address.
- **“LHIN”** refers to the Local Health Integration Network (LHIN) in which your office(s) is located. If you don’t know which LHIN your office(s) is in, visit: www.lhins.on.ca.
- If you have more than one site in South West Ontario where you provide care to patients in your private practice, please enter the site’s information for a maximum of five sites. If you more than five sites, please submit these sites information via email to

agreements@clinicalconnect.ca.

If your access to ClinicalConnect is currently provided through a hospital or other Participant Organization because you remain their Agent, **do not enter that organization's information here.**

Part 3: Legal Signing Authority (Participation Agreement Signatory) Details

Part 3: Legal Signing Authority (Participation Agreement Signatory) Details

The Participation Agreement Signatory is an individual who is authorized to bind your organization in an agreement with Hamilton Health Sciences Corporation ("HHS").

First Name	John
Last Name	Doe
Job Title	Physician
Street Address	1234 Main St.
Suite/Unit/Floor	
City/Town	Hamilton
Postal Code (e.g. K1A0B1)	K1A 0B1
Business Telephone (e.g. 1234567890)	12345678
Business Telephone Extension	
Business Fax (e.g. 1234567890)	12345678
Business Email Address	johndoe@gmail.com

Tip:

- **“Legal Signing Authority”** refers to you, as the Sole Practitioner, to bind yourself to the Terms & Conditions to participate in ClinicalConnect.

Part 4: Privacy Contact Details

Part 4: Privacy Contact Details

The privacy contact (as required under the *Personal Health Information Protection Act, 2004*) is responsible for privacy-related matters at the organization.

First Name	Mary
Last Name	Doe
Job Title	Administrative Assistant
Street Address	1234 Main St.
Suite/Unit/Floor	
City/Town	Hamilton
Postal Code (e.g. K1A0B1)	K1A 0B1
Business Telephone (e.g. 1234567890)	12345678
Business Telephone Extension	
Business Fax (e.g. 1234567890)	12345678
Business Email Address	drjohndoeoffice@gmail.com

Tip:

- **“Privacy Contact”** can be yourself, as the Legal Signing Authority, or any person to whom **you** designate as responsible for privacy matters within your medical office(s). **Do not identify your credentialing hospital’s Privacy Officer** as they are not responsible for privacy matters within your private practice(s).

3. Part 5: Identity Provider (iDP)

You, as the Participant, will obtain iDP services from:

Part 5: Identity Provider (iDP)

The Participant will obtain iDP services from:

Important: If selecting ONE ID as your Identity Provider, you must provide the ONE ID username of the Sole Practitioner (physician) as listed in Part 1: Participant Organization Details above. ONE ID usernames generally follow this format: firstname.lastname@oneid.on.ca. Your ONE ID credential must have been verified as Assurance Level 2 (i.e. two pieces of your identification have been recorded by eHealth Ontario or a designated ONE ID Local Registration Authority) in order to use it to access ClinicalConnect and other digital health tools.


Tips:

- **If you select ONE ID as your iDP, you must provide your ONE ID username (i.e. firstname.lastname@oneid.on.ca).**

- What is ONE ID? If you are not sure, please refer to this link:
<https://www.ehealthontario.on.ca/for-healthcare-professionals/one-id>

Agreement:
Agreement:

I am the individual identified in Part 3 above and warrant that I have authority to bind the Participant organization identified in Part 1 above (the "Participant") with respect to the site(s) and program(s) identified in Part 2 above. By signing this form, I agree to the ClinicalConnect Terms and Conditions set out at <http://info.clinicalconnect.ca/CC/agreements>. I also confirm that HHS may take day-to-day instruction from the Privacy Contact identified in Part 4 above, as may be changed from time to time upon written notice to HHS.

Legal Signing Authority Full Name	
Date	July 30, 2018 15:24:19 EDT

Tip:

- Click the 'Sign' button to add your signature as the Legal Signing Authority, binding yourself to the Terms & Conditions and enter the date.

Once you've submitted your completed Participation Agreement, you will receive an email with a copy of the completed Agreement.